DOCUMENT RESUME

ED 068 860 CG 007 565

TITLE	An Assessment of Federal Program Management Strategies in the National Drug Education Training Program (Section I and II); Observations of the Multiplier Process in Seven States (Section III). Final Report.
INSTITUTION	Shelly (E.F.) and Co., New York, N.Y.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	Nov 71
NOTE	423p.
EDRS PRICE	MF-$0.65 HC-$16.45
DESCRIPTORS	Drug Abuse; Drug Addiction; *Drug Education; *Federal Programs; *Health Education; Information Seeking; *Management Systems; Narcotics; Problem Solving; *Social Problems

ABSTRACT

The U. S. Office of Education's National Drug Education Training Program, which began as a limited and terminal one-year effort is assessed. The basic purpose related structure of the information collection and analysis process made it possible to provide information that had multiple uses in management of the program. The fundamental question at which assessment was aimed was: Were the program management strategies employed in the 1970-71 National Drug Education Training Program valid as ways to initiate a coordinated national attack on a critical social problem? Evidence collected in this assessment suggests that the program was not only a success in terms of original expectations of impact, but also in terms of original assumptions of how to bring people together to deal effectively with social problems. A detailed description of forms design, field testing, information collection, and analysis as well as information related to management support provided, is included in Section II of this report. (Author/BW)

ED 068860

ACT

CG

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

CG 007 565

FILMED FROM BEST AVAILABLE COPY

E.F. SHELLEY AND COMPANY, INC.
NEW YORK AND WASHINGTON

ED 068860

E.F. SHELLEY AND COMPANY, INC.
1730 Rhode Island Avenue, N.W., Washington, D.C. 20036 • (202) 293-5800

CATALYST FOR FEDERAL-STATE COOPERATION

An Assessment of Federal Program Management Strategies in the National Drug Education Training Program

1970 - 71

SECTIONS I and II

FINAL REPORT

prepared for
the

National Action Committee
National Drug Education Training Program
United States Office of Education

under

Contract UR #39146

November 1971

NEW YORK AND WASHINGTON

ABOUT THIS REPORT

This report presents an assessment of the U.S. Office of Education's National Drug Education Training Program, which began as a limited and terminal one-year effort. Less than halfway through the program's expected and planned for life, however, new legislation and supplemental monies provided by Congress made it possible to add additional categories of program services to the original one-shot effort. Thus both the context and the nature of the program were changed.

Nevertheless, the assessment effort, for contractual purposes, had to continue to measure progress against the original intents. The quantitative figures presented here constitute the final report of the original assessment task.

But this is more than a final report. The basic purpose-related structure of the information collection and analysis process the contractor had initially established made it possible to provide information that had multiple uses in management of the program. When the program context changed, this factor enabled the Office of Education to utilize the assessment information as a continuing adjunct to program management. Thus, much of the quantitative data that would normally be the backbone of a traditional research or evaluation report was provided throughout the year in a series of interim reports, both formal and informal. These reports were required to support the rapidly changing needs of the federal decision-makers. The "results," therefore, of the 1970-71 program already have been influenced by feedback from the process that was designated for measuring them.

Consequently, this report has a dual nature. It is a final report, as already stated; but in terms of a larger management process, which the tables and figures reflect, this may be considered a progress report of a continuing program that has been prepared from the viewpoint of a participant-observer. The fundamental question at which the original assessment was aimed is relevant for both purposes:

> *Were the program management strategies employed in the 1970-71 National Drug Education Training Program valid as ways to initiate a coordinated national attack on a critical social problem?*

Due to the limitation of resources and time, it could not be hoped that this assessment effort could measure final impact at the level of the potential drug abuser. It was, however, recognized that it was at this level that the eventual success or failure of the drug training program would be determined. To assist those who must make these ultimate judgments, the words of program participants reacting to the program at its various levels are provided throughout the report as indices of expectation and impact.

TABLE OF CONTENTS

Page

About the Report i

Federal Expectations 1

SECTION I

  Summary of Activities 4
  Summary of Accomplishments 11

    Multiplier Process 12
    Team Approach 18
    School-Community Cooperation 22
    Inter-Agency Cooperation 25
    Youth Involvement 28
    Commitment of Local and State Resources 32
    Catalyst for Educational Change 34
    "People" Experts 41
    Conclusion 44

SECTION II

  Work Performed Under this Contract 48

    Milestones 49
    Information Collection and Analysis 50

      Design Instrument 50
        Sample 53
        Tables 57

      Training Outcomes Questionnaire 90
        Analysis 94
        Tables 95

      In-depth Observation of the Multiplier Process 146
        Sample of Forms 147

      Basic Assumptions Questionnaire 170
        Sample 173

      Narrative Questionnaire 178
        Sample 179

    Information Reporting 185

        Formal Reports 186
        General Information Services 187

SECTION III

Observations of the Multiplier Process in Seven States (separate)

SECTION IV

Information Support Requirements for the Management of the National Drug Education Programs (separate)

APPENDIX A

State Program Descriptions (separate)

FEDERAL EXPECTATIONS

The National Drug Education Training Program as perceived at its Inception*

(THE PROBLEM)

"...While the problem of drug abuse is not a new phenomenon---The dimensions of the problem have, however, in recent years reached frightening proportions in the United States. Virtually no city, town or community can consider itself immune..."

"...There does not seem to be a single explanation which accounts for the existence of the problem. Drug abuse is a complex phenomenon...Taking drugs is often the "in" thing to do for young people, and even those who do not belong to the user subculture are aware of its existence while parents and teachers are not. Consequently, lecturing about the dangers inherent in drug abuse or using "scare" tactics will not alleviate the problem or reverse the trend. They can often in fact make matters worse..."

(ANTICIPATED WAYS TO DEAL WITH THE PROBLEM)

"...In looking at the problem of drug abuse among our young people, there are certain key assumptions which must be kept in mind...First of all, it is not a drug problem as much as it is a "people" problem. We are not about to train teachers as drug experts but, hopefully, as "people" experts.

"...Second, is the need to provide school personnel who are in direct contact with youth with the information, understanding and skills to deal with the problem. Accurate up-to-date information about drugs and drug use is one aspect of the need. Just as important is the necessity to help teachers and parents develop the insights, skills and techniques which are effective in dealing with the attitudes, values, life styles and problems of contemporary youth. Adults must learn how to listen to and to communicate effectively with youth and in so doing will need to re-examine their own values..."

"...In all of this, human and open communication is needed between youth and adults, between parents and children, between teachers and students..."

---

*Excerpts from a Speech by USOE Assoc. Commissioner Don Davies, April, 1970.

> *"...Next, we must appreciate the potent force of peer pressure. The involvement of youth in any drug education program is of paramount importance..."*
>
> *"...In order for a drug abuse program to be successful, educators and citizens must face the fact that a severe community-wide problem exists. All segments of the community should be actively involved if there is to be a solution to the problem..."*

(ORIGINAL EXPECTATIONS FOR SUCCESS)

> *"...Three and one half million dollars is obviously not going to train all teachers and administrators in the country. It must therefore be viewed as seed money or as a catalyst designed to stimulate supplementary efforts by States and localities.*
>
> *"...If (the multiplier concept is utilized), more than 150,000 local educators and 75,000 youths, as well as a large number of school community leaders can be trained in teams within the school year 1970-71.*
>
> *"...There is no assumption that this training will produce drug education experts. It is more than a teacher training program. The intent is to train State teams to be able to effectively train local teams to return to their school communities to analyze the drug problem and needs at the local level, to identify the resources available, to consider possible approaches, and to organize a total school-community effort for effective drug education training..."*
>
> *"...What happens eventually at the local level is, of course, the crucial thing. We should not delude ourselves into thinking that as a result of this year's activity we may expect to be able to record a significant drop in the incidence of drug abuse among our young people. I believe, however, as a result of activity generated at the grassroots level because of this program that we might in five years or so be able to point to its effects on drug abuse with some certainity..."*
>
> *"...However, if because of this year we have made some positive changes in the behavior of teachers; if we have in some way helped to bridge the communication gap between the generations; if we have just made some schools more exciting places to be because of our premise that this is an educational problem and a "people" problem, then, I believe we can point to this program as a success. After all, the Nation's concern about drug abuse might just be the Trojan Horse, which inside the walls of the Establishment, may be instrumental in the improvement of education to make it more responsive to basic human needs..."*

SECTION ONE

Summary of Activities

Summary of Accomplishments

THE NATIONAL DRUG EDUCATION TRAINING PROGRAM

SUMMARY OF ACTIVITIES

1970 - 71

In the early spring of 1970, the problem of drug abuse, especially among young people, had assumed extremely serious proportions. Federal agencies of many types were involved in investigating ways in which they might be able to assist in meeting the challenge this problem presented.

On March 11, 1970 President Nixon issued a statement outlining a range of federal actions aimed at the drug abuse problem. One of the major points of the expanded federal effort he announced was the National Drug Education Training Program. This $3.5 million program would be administered by the Bureau of Educational Personnel Development of the U.S. Office of Education.

The Bureau (BEPD) had explored several avenues for dealing with the fact that most schools were not prepared to teach the dangers of drug abuse. Teachers needed training, curriculum materials were in short supply, and most adults, including teachers, lacked the experience to fully understand the problem. The program that BEPD planners had developed combined features of several previous EPDA programs with which they had had successful experience. Among these features were the establishment of a leadership group representing multiple disciplines to provide both guidance and technical assistance, and the implementation of a "multiplier" program of training that would permit limited resources to affect the greatest number.

The situation that faced the Office of Education was as follows:

1) They had been given one piece, dissemination of information to educators, of a complex, multi-faceted social problem.
2) They were to train virtually every teacher and school administrator by June, 1971. This enormous task was further complicated by the fact that they re-defined their target to include all who could have an effect on young people: community leaders, lay people, parents, and youth themselves.
3) Resources were limited. If allotted on a per capita basis confined to just teachers alone, there would be less than a 70¢ per person available for training.
4) Time for planning was limited. States would have only a few weeks for proposal preparation and staff identification.
5) This had to be a one-time effort. There were no plans for additional funds or follow-up the next year.

6) A single federal model for the training, even if it could be developed, could not be forced upon the states. The program had to be flexible enough to allow for differences in individual state capabilities and needs, and yet had to provide some assurance that the goals of the program would be met.

In order to deal with the dimensions of this initial task, the Bureau capitalized on its prior experience and planning and established first a Leadership Training Institute. This group, known as the National Action Committee, (NAC) was formed to provide leadership; technical assistance; and aid in program planning, development, monitoring, and evaluation. The committee included representatives from the fields of education, medicine, law, social work, and the behavioral sciences. Youth were included, and members were drawn from different ethnic groups and from both the public and private sectors.

The National Action Committee immediately undertook the sponsorship of a national training workshop to develop details of the national program with the representatives of all the states. Subsequently, four National Training Centers were established for training of the state teams during the summer of 1970.

At that time in the program's development, the most important product of the broadened base of experience provided by the National Action Committee and the Office of

Education personnel was the establishment of a set of conditions that they felt would help to assure success. These conditions have been called, at various times, "basic assumptions," "program components," "principles," and "program strategies." In effect they were ways to assure (1) a sufficient base of human experience and understanding in each training project and (2) the proper relationships that would permit those human resources to be applied with maximum effect.

As suggested in the speech excerpted on pages 1 and 2, these conditions or strategies were as follows:

- -- Involvement of youth in planning and implementation
- -- School-community cooperation and involvement
- -- Multi-agency cooperation
- -- A multi-disciplinary team approach to training
- -- The commitment of additional local and state resources
- -- A "multiplier" training program, in which each trainee became a trainer.*

The one-time nature of the program and the limited funding necessitated that the National Action Committee's responsibility for monitoring and formal evaluation of the program could not be a major concern during the early months of planning. Their first problem was not to measure effectiveness, but to assure it. The approach that was ultimately taken to meet this need is summarized below.

---

*These are not intended to be necessarily mutually exclusive categories. An attempt has been made, however, to put these strategies into a manageable framework with an initial listing of operational indicators. This is provided as an appendix to Section IV of this report.

Assessment Strategies

In initial meetings with the assessment contractor, the NDETP staff had to face head-on the problem of how it would organize and use its resources to gather the information required to operate the program. Many evaluation and monitoring purposes were defined and ranked in terms of management needs and resource constraints.

Program management was faced with several considerations. It needed--

1) Information to determine whether the major program goal was attained: How many people would be reached by the program?
2) Information that would permit it to adjust its management strategies during the year in order to home-in on its goals: Were the methods and processes it recommended feasible ways to deal with the problem?
3) Information from the field that would permit it to identify technical assistance needs: What types of problems were being encountered in implementing projects?
4) Information to provide to local and state projects that would help them to relate their efforts to the overall federal objectives: How could they provide a goal-oriented, "shaping" influence for the many projects that had to be initiated with inadequate time for planning?

These needs, and the constraints imposed by lack of adequate time and money, resulted in decisions which, in effect, made it possible to deal with these fundamental information requirements as part of a correlated process rather than fragmenting them by such traditional categories as evaluation, monitoring, and field reports.

The National Action Committee members would provide the field work for the assessment; state and local project directors would do much of the "coding" of their information through the use of a taxonomy provided by the assessment contractor; and the contractor would provide the rationale, structure and instruments for an information utilization system which would provide indices of impact, "shaping" effects on programs in the field, and measures of the effectiveness of the process strategies being used.

Assessment Methodology

Several evaluative strategies were explored by the E. F. Shelley and Company, Inc. staff. A quasi-experimental design with pre-and-post measures of a sample of the ultimate targets--students in the classroom--was rejected because of the limited expected influence of the training program on that target within the one-year period. Also excluded was a simple collection of numbers and names of program participants. While this would yield the desired quantitative data, it would not permit the documentation of program effects and their relationship to program activity.

A decision was made to use the Discrepancy Evaluation Model* as the underlying rationale for this evaluation. The model was chosen because it ensured maximum local initiative in the design and revision of programs simultaneous with the collection of management information for both program improvement and program assessment purposes. As a tool in a goal-oriented program, the use of discrepancy evaluation would make it possible to determine the variance between expectations and outcomes at key stages in the process. Such data could provide decision-makers at all levels with information with which to serve a multiplicity of purposes.

It was recognized from the beginning that the model could not be applied fully because the one-year terminal nature of the program would not permit the iterative recycling of information between federal and state program levels. The partial application, however, during the one-year period, would help shape the planning or design of local programs by setting up purpose-related information structures; would permit the monitoring of much of the on-going process; and would provide a base of information which might have use if the government were again to establish similar programs.

The value of this initial approach was soon to become apparent when, with the passage of the Drug Education Act of 1970, the Office of Education resources and requirements changed. Information was required for planning of new program components, for budget hearings, for guideline preparation, and for staff training purposes. It was possible to handle most of these new requirements from the information structure that had been established with only a minimal addition of resources.

---

*Discrepancy Evaluation, Malcom Provus, John McCuthan Publishing Corp., 1971.

A detailed description of the forms design, field testing, information collection, and analysis as well as the information related management support provided under this contract, is included in Section II of this report.

SUMMARY OF ACCOMPLISHMENTS

1970 - 71

The National Drug Education Training Program was born of urgency and uncertainty as to how to effectively deal with the drug problem. The uniqueness of this factor -- which required the development of a cooperative problem solving approach rather than the usual delivery system for solutions -- is discussed more fully in Section IV.

What the program represented was a dramatic experiment in rapidly harnessing resources to serve specific purposes in the face of indeterminate methods. Evidence collected in this assessment suggests that the program was not only a success in terms of the original expectations of impact, but also in terms of the original assumptions of how to bring people together to deal effectively with social problems. These assumptions can serve as the format for summarizing the accomplishments of the 1970-71 program.

Multiplier Process

> *...If (the multiplier concept is utilized), more than 150,000 local educators and 75,000 youths, as well as a large number of school community leaders can be trained in teams within the school year 1970-71.*
>
> April, 1970

The multiplier concept envisions a pyramid in which information is spread to greater and greater numbers through a series of instruction levels, with trainees at one level becoming trainers at the next level. An inspection of state training designs indicates at least three levels were used to define multiplier effect in most states -- the state, county (or regional/multi-county) and local levels. That more trainees were produced at each succeeding level of effect is confirmed by inspection of TABLES 3 and 3a.*

Of the 415,698 persons who were reported as affected by the NDETP in 1970-71 less than half a percent (.5%) were at the state level, one percent (1%) were at county levels, nine percent (9%) were listed as community personnel, twenty six percent (26%) were local educational personnel, and sixty three percent (63%) were young people in both trainer and learner roles.

TABLE 2 shows that state project directors expected to reach 8,458 total school districts (out of 17,237 potential operating school districts in the United States and Territories) by June 30, 1971. By September 1, 1971, 5,516 school districts had been reached in the 33 states and territories that had submitted reports. The number of non-reporting states (22) may account for the lack of expected participation of 3,000 school districts, but never the less, these figures are not so disparate as to throw doubt on the validity of the multiplier concept.

---

*All tables are included in Section II.

What was the importance of the training programs on the people in these communities? Generally, respondents indicated they had been affected by the State Drug Education Training Programs in the direction of NDETP goals.

By September 1971, it was possible to obtain three samples of program effects in 52 states which were willing to provide the contractor with minimal population characteristics and program descriptions. These samples were too small to permit interstate comparisons except for 13 states in the last sample. In all, 1,741 individual responses were analyzed. Approximately 7% of the sample said they had not been in a formal drug education program. (The questionnaire used made no specific reference to NDETP. Indeed, except for the cover letter accompanying the questionnaire, the respondent had no knowledge of the origin of the questionnaire, the program which it was evaluating, or even its formal purpose -- though purpose was inferable.)

Ninety-five percent (95%) of respondents said that their "knowledge concerning drugs had increased within the past year". Seventy-three percent (73%) said they were "presently engaged in some aspects of drug education or rehabilitation". Perhaps the most significant evidence of program impact was in the area of personal motivation. Seventy six percent (76%) of respondents indicated that as an outcome of training they experienced a personal feeling "that action can and should be taken now to begin to solve the problem." This was complemented by the indication that close to seventy percent (70%) also felt an increase in the specific knowledge they had acquired regarding "actions to be taken at the local level."

Figures can not tell the whole story of the multiplier process however. As a dissemination device, a multiplier can spread bad information as well as good. There was supporting evidence though in both the in-depth observations of seven states and the comments attached to returned training outcomes questionnaires that the program had achieved its expected impact at the local level.

> *...During all my years in the field of education, I have never been as intricately involved in a program that has had as much impact on the local level, on teachers, students, community professionals and other educational support personnel.*
>
> *It's been a fantastic experience...truly effecting hundreds of individuals...*
> School Administrator
>
> *...I also learned how to relate to my own children better - Now I want to understand them better - to tell you the truth, I didn't*

---

* Unless otherwise indicated, all quotations are from Section III, Observations of the Multiplier Process in 7 States.

> *think I could really understand them because I didn't think they wanted me to. Now I know I need to help them grow and I learned that kids want help in growing...*
>
> Parent

> *...I have never experienced being such a pivotal figure in any community project and I must say, I have never seen our community react so acceptingly to any educational program or project that has ever taken place. Of course, I've never been exposed to such an effective project myself. I can't believe how kids, teachers, parents, all get in so heavily, become so committed, exhibit so much concern, and share so much energy...*
>
> Guidance Counselor

But there was also evidence that the information was not flowing smoothly in some states.

> *...I would not really consider this any type of training. A fellow teacher merely presented us with some information about drugs, told us where to go for more information about drugs, and told us what she was going to do in her classes. It was interesting but I really didn't learn anything I didn't already know...*
>
> Teacher

> *...I think that if I had learned more about how the State Department of Education wanted me to do what they asked me to do, it would have been a better course. I just did the same thing to my students as they had done to me...*
>
> Professor

> *...The State Leadership Team isn't very effective merely because they don't seem to be cognizant of or aware of what doesn't work. I think that if we know what doesn't work, we can look for new ways of presenting information...*
>
> Regional Coordinator

> *...It was mentioned by various speakers that there were hopes that this program would meet some of the unmet needs of our students and*

> *community people. However, I don't feel that anything was modeled at the State Conference that would facilitate the achievement of this objective. It may be that accidentally this objective will be met in some counties, but I don't feel that any structured portion of the design aims toward this...*
>
> College Teacher

> *...When I said that I would go to the State Training Session, I had no idea that I would have to go back to my University to teach two courses. I think we should have known that this is what the State Department expected of us before we even went...*
>
> Professor

There were comments from many states which suggested that the time spent on training and planning at the local level was inadequate.

> *...It was not as good as the one on the Local District Level that I went to, but we only had two days. It's hard to fit everything in, in two days...*
>
> Teacher

This problem may be caused by a limited perception of the multiplier concept. Viewing it as a delivery system alone -- a tool for disseminating or spreading -- may lead to an expectation that resources will thin-out as the furthest extremes are approached. Dissemination however, is only the government's concern. Those who are at points closest to the impact of the problem are more rightly concerned with access -- access to the resources which will permit them to deal with the problem. One is not the inverse of the other.

The difference in the two approaches can be illustrated with an analogy taken from a fuller discussion of this concept in Section IV. If General Foods took as its role delivering to every family in the nation foods that each required to meet its daily nutritional needs, the corporation would go bankrupt. Instead, it delivers its products to storage points where the individual family will have access to them, and from which the nutrition decision-maker can choose what is necessary to meet the particular needs of her family. Choice and control are at the level where needs are best known, and services are not "delivered" to those who do not need them.

This "bottom up" way of viewing the multiplier process may explain the frequent evidence of effective local impact in states where the dissemination process had proved faulty. While the Office of Education was restricted to one channel (the NDETP) for putting forth its resources, the local community had no such limits. The startling figures presented in subsequent pages regarding the additional resources which were generated locally suggests that communities could, and did, "jump" levels of the pyramid, or even leave it completely, in order to deal with their needs.

Team Approach

> *...Perhaps the most crucial aspect of the training model here described is the selection of teams...Teams should be interprofessional and interdisciplinary in nature. Experience in the general area of drug education will be helpful but is not essential. Classroom teachers, administrators, community leaders, Community action representatives, school counselors, school psychologists, selected ex-addicts, parents, professionals, young people (college undergraduates, high school graduating seniors, Vista volunteers, teacher corp members, for example,) might be members of a team. The real criterion for including a given individual on a team is his ability to relate and work with peer groups and, with youth.*
>
> April, 1970

The rationale for the utilization of teams lay in the previously mentioned unique nature of the drug problem. The fact that there are few adults today who have had adequate experience in dealing with either the causes of drug use or its effects made it mandatory that knowledge, skills, and experience be combined effectively if the problem were to be ameliorated.

Information about the composition of state teams is found in TABLE 1. Although team size varied from 2 to 36 persons at the state level, most states had less than two fulltime employees assigned to teams. Two states did not mount teams. A common characteristic of a state team was that they were comprised primarily of parttime people.

An inspection of TABLE 1d shows a wide array of team member affiliations and backgrounds from professionals in state agencies to both "street" and "straight" youth. These were people who had the expertise of a professional and the experiences of an arduous social existence to contribute to the training program.

Coordination of the state programs was generally in the hands of State Department of Education personnel. Thirty-four (34) of fifty-five (55) state coordinators also functioned as the state team leaders. TABLES 1a and 1b show that although most of the team leadership emanated from the State Department of Education, there was a range of experience that included, among others, a juvenile services officer, a university professor, a public school teacher, and an individual with a public health background.

The quantitative evidence is sketchy as to the composition of teams below the state level of training. However, there were indicators in the Training Outcomes analyses and the in-depth observations that are pertinent.

The field observer had noted that teamwork -- the ability for individuals to work cooperatively toward common goals -- did not occur automatically when individuals are placed together. What was required were experiences during training which established these new relationships and encouraged cooperative functioning. The Training Outcomes questionnaire asked respondents whether they had received specific training in the "creation and operation of task-oriented teams." Only 40% indicated they had. It would appear that the extent and nature of training for team building should be given further thought. Factors which relate to this would include a clear understanding of purposes, and selection criteria related to those same ends.

> *...Sufficient information was not given to the superintendents so that the most resourceful people within the local district be identified...*
>
> Teacher

> *...Because the team hand picked the trainees, we were able to arrive at a common philosophy, that is, that drugs are merely a symptom of a problem. This in itself was a major accomplishment, to get a group of such high powered individuals to agree on one such basic thing...*
>
> University Instructor

> *...We should have had better defined selection criteria for the participants, and we could have had more support from the higher ups.*
>
> *There is need for the involvement of people who have greater decision-making roles in this program than our team members have...*
>
> School Administrator

The comments of state and local program participants leave little doubt that the effectiveness of the team strategy can be felt when it is properly applied. Moreover, the absence of team cooperation can also be discerned at the local level.

> *...The clash between the team members, and the competition for control of the training session was evident. The clash of the team members caused a watering down of the whole program. One team member wanted to call all the shots. On the whole, this wasn't all a bad thing because it is a real problem in any team effort...*
>
> University Instructor

> *...Most of the time we worked in groups with the state team members working as group leaders. They are the ones that got us to discuss the issues that have to be worked through before people can work together as a team. For a*

group of people to become a team, you really have to understand individual differences and know why you are working together. Our team is just great. I've really gotten to love each one of them for what they are...

Community Professional

...The most beneficial portion of the program was the opportunity to relate to youth and other professionals sharing a concern for the same issue, drug use. I learned much more about why the youth feel the way they do than I ever expected to.

I truly wish that this type of training could be had by all teachers, students, and community people. However, I think that the people running the program had problems among themselves. They weren't organized enough. More time should have been spent in planning...

School Administrator

...In reality we are working against each other, not with each other. It's hard to pretend. Kids know we are not together. It is so obvious that we fight each other. I think someone should come from the outside and help us get it together...

Team Member

...I really can't evaluate the whole program because each member of the team (1 student, 2 teachers, 1 community person) presented a different lecture and we didn't always go to each other's. However, I did get a letter from one of the mothers saying that they enjoyed the program very much...

Teacher

...The students seemed to be interested in the topic. I invited consultants in to speak on their specialities as they related to the drug problem. A doctor, a lawyer, a pharmacist, college students, and someone from the State Department of Education all came in, to speak to my students. They seemed to enjoy this and I feel that having these lecturers come in was the most advantageous thing I did. I could have never presented the information from all of those areas as well as they did. This was the the first time I ever did that in any of my graduate classes...

University Professor

School-Community Cooperation

> *...In order for a drug abuse program to be successful, educators and citizens must face the fact that a severe community-wide problem exists. All segments of the community should be actively involved if there is to be a solution to the problem...*
> April, 1970

It has been noted that these management or process strategies are not mutually exclusive. Home-school cooperation, inter-agency cooperation, and youth involvement might be considered as sub-strategies of the general team approach which was taken in this program.

Cooperation among homes, schools, and communities was a particularly important part of the NDETP design. The behavior of young people which they were mutually attempting to influence was a product of the influence of the overlapping home, school and community environments. It required that they recognize their common interest and their interdependence if any one of them were to have an effect.

An examination of TABLES 3 and 3a indicates that a significent proportion of reported trainees -- 37,664 -- were representative of community and home interests. This would appear to be supportive of the broadened definition of "educational personnel" which the Bureau of Educational Personnel Development applied to this training program. State team make-up, as shown in TABLE 1d also reveals heavy involvement of community-oriented persons.

The Training Outcomes Questionnaire was not designed to obtain a high degree of specific information about community participation, however, there is an indication that educators view this relationship as having greater importance than do other categories of respondents.

As with the other cooperative strategies, participant comments suggest that the values of school-community cooperation can be learned through exposure to both good and bad examples.

> *...I think that this would have been a great program if we had students and parents there with the teachers. After participating in this program and then participating in the one for the students and also the one for the parents, I realized that they should have been mixed together. The same things discussed and felt by the teachers were also expressed by both the students and the parents...*
>
> Teacher

> *...I really learned a lot in the course. It was great to have teachers, students, and community people working together. The adults could be much more objective than the students and I think this objectivity is important but the students also contributed much from their experiences and their friend's experiences...*
>
> Teacher

> *...The mixture of students, educators and community people was good. Almost everytime a problem comes up, we find ourselves blaming the structure of our school districts. This is not fair. The schools are not totally responsible. The entire community is...*
>
> Student

> *...There should have been more parents and community people invited to take part in the training. The teachers and school administrators wasted a lot of time protecting themselves, their expected roles, rather than interactivity with the students. This aspect of personal interaction between adults and youth is essential, along with the learning of factual information if the drug dilemma is*

to be looked at objectively. Being defensive helps no one. All it allows for is further polarization...

local School Administrator

...I learned how the people came in contact with drugs. Each user of drugs has different reasons. There is no set form or pattern. This is why it is so hard to treat the problem. The young people know this so that when there is a drug education program in the schools, they sometimes know more than the educators. That is why teachers, students, and parents should all learn together...

Community Professional

...I am working as a group discussion leader for kids who have problems with alcohol. They come over to my house every Sunday for meetings, and some other adults with similar problems come too. I still meet with the team once during the week to let them know how my group is going and I hear about how their groups are going.

I don't know how we never did this before. It was always that I wanted to help out kids, but I guess I just didn't know how. I wouldn't give this up for anything.

If every community could have the spirit we have, the support we have been to each other! Young, old, middle-age, everyone.

God, I guess, is really alive around here in every single person. It's like a miracle. Things have really changed since this whole thing started about four months ago...

Parent

...I learned to be a bit more tolerant of people. I became more aware of other people. I always knew that other people were important, but I don't think I knew how important or maybe I didn't think that they were as important as me. That is a real difficult thing for me to admit...

Teacher

Inter-Agency Cooperation

> *...The intent is to train state teams to be able to effectively train local teams to return to their school communities to analyze the drug problem and needs at the local level, to identify the resources available, to consider possible approaches, and to organize a total school-community effort for effective drug education training...*
>
> April, 1970

The strategy of promoting cooperation among social agencies in a community has to take into account the fact that most agencies tend not to define themselves in terms of the goals they seek, but rather by the dissimilarity of the means they apply to reach them. Competition for the community's human services dollar further discourages effective cooperation or coordination.

Information in TABLE 1d indicates that most states involved persons from other state and local agencies as participants in the planning and implementation of the state drug education training program. Additionally, TABLE 1c suggests the diversity in the backgrounds of the consultants used to support the state level training programs. Although the nature of the formal relationships cemented through this activity is unknown it seems safe to assume that improved relations have occurred. In support of this, at least three State Teams gave heavy emphasis to collaborative relations between educators and law enforcement officials as a basis for training. In other states this occurred at the local level.

> *...This experience was the greatest thing that has ever happened to me. I've been a policeman for 15 years and I've gone to every kind of training program I could possiblely attend. The police department sends men for all types of training. Well, this program was the best I ever went to. When I got back, I told our captain that every policeman should go through it...*
>
> Policeman

> *...At first, I tried to figure out what was happening. I knew community people were going to be at the training session, but I coundn't figure out what they would be doing there. I guess I just didn't know - because it wouldn't have been one-half as good as it was without them there. They play such an important role in our community and I had really never thought about it before. The guy in our group was a policeman. The kids grew to love him so much. The whole thing was just unreal. Now he comes to the school to rap with the kids about different kinds of problems...*
>
> Teacher

As was the case with the provision of training experiences which would facilitate team relationships, there were frequent notations in the in-depth studies of the need for skills that would promote cooperation among organizations. Both state and local leaders apparently felt the need for assistance on organizational development.

> *...We gave team members directions, we told them what we wanted them to do upon returning to their communities, but what we did not do was teach them how to do it. It is a difficult involved process but one which must be struggled through if we are seriously committed to the multiplier effect...*
>
> State Team member

The payoff of this form of collaborative effort can be observed from the comments of some of those who experienced it.

> *...This is the first time I've really seen inter-agency cooperation in this county. It was just so refreshing to see teachers, students, parents, and community people working together who are all concerned about the same problem. This is something I read about as being the best way to deal with a problem but the first time I've really seen it done...*
>
> Welfare Social Worker

> *...I would like very much to see more workshops like this one. They are badly needed in our community. More groups of people made up of all professions like ours was, should get together to work this issue out for themselves. It's not an easy job, but it really pays off in the end...*
>
> Policeman

> *...It was just great seeing students, school administrators, the police, teachers, and parents all working on trying to really understand each other and learn real factual information together. I could hardly believe it...*
>
> Teacher

Youth Involvement

> *...Next, we must appreciate the potent force of peer pressure. The involvement of youth in any drug education program is of paramount importance...*
>
> April, 1970

Youth involvement in team training was an important part of the national strategy. The program had established as an expectation that involvement of young people in planning, implementation and as trainers would provide mutual benefits. They would bring to the programs a base of experience and a view of the world which most adults could not have. At the same time they would be afforded the opportunity to bear interdependent responsibility for dealing with a major community concern.

The benefits were equally felt:

> *...I learned that in order to learn about drugs, it is important to talk with and listen to the problems of youth. Anyone can help in working with this issue if they are willing to understand what the kids are thinking about. It doesn't make any difference what profession one is in or whether or not they are working with kids. We are all part of the problem...*
>
> Community Professional

> *...I am really grateful to the person who asked me to participate in the State Workshop. I don't know why the high school principal asked me because I don't use drugs or anything. I'm really kind of straight. But, I learned that kids that use drugs have the same kind of problems I have. They just take drugs instead of doing some of the things I do...*
>
> Student

To what extent were youth involved in training, planning, and executing state drug education programs? Forty-one of 55 states and territories had youth involved either as state team training members or as participating youth consultants in the initial state training programs.

Of the 222 students and other youth responding to the Training Outcomes questionnaire only about 50% indicated that they were involved in any aspect of drug education or rehabilitation after having received their NDETP training. However, the percentage of students not involved in such drug prevention work is significantly greater in the third sample than in the first two. This may be due to the fact that students sampled in September 1971 were more representative of the local level where opportunities to serve as a trainer were limited. In other words, these were probably ultimate consumers of drug education in the classroom.

Also of note is that 56% of all respondents felt that their involvement with youth in drug education training had been a significant outcome of their training experience.

> *...The most valuable thing I learned from this workshop is that adults are really no different from kids. They do the same things as adults, for pretty much the same reason but the only difference is in the things they choose to do. Some choose to smoke grass once in awhile just as some adults choose to drink. - The legal aspect is really a problem for the kids when looking at the drug issue...*
>
> Parent

> *...What I learned at the State Training Session has not only helped me relate to kids who are using drugs, but also to kids in general. Sometimes it is very easy not to get involved with those people we are really supposed to be helping. I think that a wall was beginning to be built up between me and some of the kids. I don't feel that it is there any more...*
> Guidance Counselor

Open communication between adults and youth does not come easily for many people The physical presence alone of young people will not always assure, nor necessarily contribute to, this end. Here too, there may be a need for training experiences which not only model the desired behavior - in this case open communication -- but which also teach how to facilitate it in others.

> *...The high school students who took the course did not do as well or contribute as much as the adults. The information seemed to be too complicated for them. This could have been my fault because I really didn't know how to use them that well. It was very difficult for me to give everyone the same information when the youth were there. Yet, the youth were an important part of the course...*
> Professor

> *...I feel that there should have been more students in the course. Maybe I should say youth because we were all students in a sense. The youth were definitely out numbered and I think that this is why they acted so defensively. On many issues it was obvious that it was "us against them."...*Public Health Nurse

> *...We keep saying that we need to involve students, but I have yet to be part of an organized program where students are really involved in designing it. This bothers me. Even in the drug program I conducted for teachers, I didn't involve students. I must admit that I didn't know how to involve them in a way the teachers would accept. Maybe we can learn through this program...*
> School Administrator

> *...There should definitely have been more students and community people in the course. These are the people we really have to educate. It seems to take so long for teachers to learn something, then for them to learn how to teach that and finally, for them to do it. But, when you teach a group of students something they and their friends want to learn about, they can spread it faster to other students than teachers can...*
>
> Minister

There can be little question that in many cases the involvement of youth helped to support the basic person-centered approach of the National program. Stereotyping of all members of a group diminished as individuals had opportunities to relate to one another in terms of their mutual desires to eliminate drug abuse.

> *...From this training I learned that there actually was a drug problem here in my community. I found the high school students, ones with long hair included, to be a lot smarter than I thought they were. At the beginning of the workshop, the first day or so, I thought that the students were belligerent and disrespectful, but in their apparent rebellion I found them to be very honest. Before this workshop I must admit that I was very unsympathetic, but my attitude toward youth, toward my own community really changed. The change was uncomfortable at first but now I'm getting use to it. It is a great feeling to understand a person. It takes time and effort but after all that I know what he or she is all about makes you feel good because you have respected them...*
>
> Teacher

Commitment of Local and State Resources

> *...It must therefore be viewed as seed money or as a catalyst designed to stimulate supplementary efforts by States and localities...*
>
> April, 1970

It was one of the conditions of this overall national program that minimum federal resources had to have maximum effect. State grants were as small as $40,000 and no larger than $250,000.

The significant figures presented in TABLE 5 which indicate that $2,379,000 in other funds and services were generated as a consequence of this program in 33 states may be taken as an indication of both the seriousness of the problem at local levels and the ability of the program to motivate for action.

There may be clues in the management strategies applied to this program which can point toward the solution of the critical problems of sharing and controlling federal, state and local resources.

There were opinions expressed during the conduct of the 1970-71 program that suggest that money may not be the answer to all problems.

> *...Too much money would ruin the program; but we do need some. We could go to help other communities, and they could help us...*
>
> Teacher

> *...I don't know why we would want any support, except community support. We are politically involved locally, but money would ruin the program. All we really need is more time and more people, then we would have more love everywhere...*
>
> Student

These comments are not presented to suggest any generalizable conclusions, but they are of interest in light of the remarks of one of the National Action Committee members after extensive visits to projects in the field. He suggested that in some cases the provision of a federal grant changes the nature of the project's goals. Their problem is re-defined as "how to spend the money?" Furthermore, it sets up power and control conflicts when the grant recipient is encouraged to work "cooperatively" with other agencies. The fear of a cut-off of funds takes on overriding significance.

This may be an area which deserves further attention from those interested in social program management.

Catalyst for Educational Change

> *...However, if because of this year we have made some positive changes in the behavior of teachers; if we have in some way helped to bridge the communication gap between the generations; if we have just made some schools more exciting places to be because of our premise that this is an educational problem and a "people" problem, then, I believe we can point to this program as a success. After all, the Nation's concern about drug abuse might must be the Trojan Horse, which inside the walls of the Establishment, may be instrumental in the improvement of education to make it more responsive to basic human needs...*
>
> April, 1970

This hope, expressed by Dr. Davies at the program's inception, was not directly part of the assessment effort. There are two indicators, however, which might suggest that progress has been made in this direction.

Respondents to the Training Outcomes questionnaire indicated several kinds of instructional activity which they felt were beneficial to them. In particular, activity dealing with the improvement of problem solving skills, evaluative skills,and skills conducive to working with cross-cultural and bilingual groups,as well as activities which contributed to development of self-awareness were all given emphasis. Twenty-three percent of all respondents felt that the training they had received in the development of self-awareness was most beneficial.

In assessing the importance of various training procedures on various participants, data was collected which permits a comparison between the kinds of training methods actually received by participants, the kinds of training methods that participants would choose to use as trainers themselves, and the kinds of training methods they actually had utilized as trainers. An analysis of this data shows that the most frequently used methods of instruction to which participants were exposed were lectures, lectures with follow-up discussion, panel discussions, films and other media, and small group discussions. All five of these methods were used with well over 50% of the respondents. Much less frequently mentioned as methods were field trips, problem solving, role playing, case studies and dramatic presentations. Between 20 and 40% of all participants were exposed to these latter methods.

A decisive shift in these percentages is noted when one looks at the methods participants would prefer to use as trainers. In four of the five cases the percentages of choice of types of methods to which participants were most often exposed are sharply reduced. Conversely, those methods to which participants were less frequently exposed are given higher percentages of choice. In fact, there are no exceptions to this shift. So, for example, although only 18% of the respondents indicated they had participated in field trips, 33% would want to use them for training purposes. And although only 20% were exposed to the use of case studies as trainees, 32% would want to use the case study method as a trainer.

What respondents have actually done is somewhat disparate with what they have said they would like to do as trainers. In fact, a rank ordering of methods actually used is almost identical with a rank ordering with the frequency of methods to which participants were exposed. Nevertheless, the implication is clear that participants in this program who have found themselves in the role of trainee as well as trainer have experienced insights into the strengths and weaknesses of instructional methods which they can at least verbalize if not actualize.

Of course the absolute indicator of success, as expressed by Dr. Davies, would be positive behavioral changes in teachers and a bridge across the communications gap. Some of these indices of progress may be in the thoughts expressed below.

> *...I enjoyed the training. It was the best thing that has ever happened to me. At one time, I was most concerned about the 'student-teacher gap.' Now I know that there is no such thing. There is only a communication gap if you let one be there, if you build one. It was worth more than all the college courses I've ever taken. I can walk into any class now and be a real teacher. Three months ago I didn't know what a real teacher was...*
>
> Teacher

...It was great being on the same level as everyone. No age stuff, no one made you feel like just a kid, a dumb student. I learned it! It really happened!...

Student

...This was a very moving experience for me because in that house I met a student who was really messed up by drugs. He was a student that I had had in class a year ago. In class he did well, he was on the baseball team and appeared to be a guy who was very sure of himself. I began to wonder if I could have done anything to prevent him from getting where he is now. Maybe if I had tried to get to know him better then, helped him out with things that may have been bothering him, maybe he wouldn't be where he is now...

University Professor

...Sometimes adults make me feel like I'm stupid for not knowing everything. This experience taught me that some adults will listen to me and help me understand what I need to know to become the person I want to be...

...I don't want to be a drug freak. I want to be a person who always knows what he is doing to himself - I want to be sensible in dealing with myself...

Student

...The drug problem is much more encompassing than I had ever realized. The inability of teachers and adults to communicate with youth, especially youth with problems, is much more serious than I realized before. I am now beginning to understand what the youth are trying to say, to have us hear, to do. It seems unbelievable that for all these years I have never really thought so much about this...

Teacher

...Some teachers really seemed like they were really together. They showed that they really cared about kids and stuff. Man, I was really surprised...

...I feel really bad for teachers who are also parents. They must find it real hard because the school kind of doesn't like teachers getting friendly with students and a lot of teachers want to...

...This was really a great thing. I wish all the teachers at my school could go. I bet if they taught us school stuff the way those people taught us about drugs, so many kids wouldn't quit school or flunk out. I heard one teacher say that he was really going to try to get to know his students better. That's really great. I got to know my English teacher in a real different way. I could hardly believe how nice he was. What a difference from school...

Student

...The Regional Conference was not really a training as such. We heard different speakers talk about the drug scene, about the physiological, psychological, and legal aspects of drugs. They presented us with all sorts of materials and factual information and told us that we were responsible to bring this information back to teachers and students. However, they didn't tell us how to do it. They told us not to just lecture to the students, but that is all most teachers know how to do. Just telling them not to do that doesn't teach them how to do something differently...

...If the program was to give us factual information about drugs, then it was quite successful. But I understood that it was to do more than that and I don't think it did...

Guidance Counselor

...The group dynamic techniques were really great tools to bring back to the classroom. They have really helped me in my classroom teaching. I teach English and I really use the small group discussions, the fish bowl, the talk behind your back and other techniques I learned at the Workshop...

Teacher

...You know, I must say that some people didn't like it as much as I did. Some individuals felt that they didn't want to waste their time listening to and talking with kids, especially kids who use drugs. I could hardly believe this because some of these people were Guidance Counselors. Well, I guess it takes all types to make a world...

Community Professional

...I really learned a lot about teachers, and now I know that many of them are great people who care about us. Now I can get help from teachers and other students. Now I can help them too. You really need to help each other today. I can learn a lot more because I know that they really want to teach you - to help you...

Student

...In class we had three neat RAP Sessions after people told us stuff. Those discussions were great because you could talk about anything. My teacher really didn't get mad or anything. We just said how we felt. It would be great if we could do that in other classes. I know you couldn't do it all the time, but when you really want to know something or say something you think is important, it would be great if we just could - like we did about drugs...

...There are a lot of things we could learn about in school if they would let us. Like about college, God, sports, and stuff. You know, those things you think about and wish you knew about...

Student

...The teachers liked it too. But, you could tell that some teachers just wanted to know if we took drugs. That kind of spoilt it. Not all the teachers were like that. Some teachers love to RAT on you - you know what I mean...

...I've told my parents about this and they read about it in the paper too. There was a big story on what the Guidance Counselor did. She is really a neat teacher. All the kids really like her. We kind of helped her out at the beginning...

...Man, if all teachers were like her, no one would do the crazy things they do like drugs and stuff...

Student

> *...Another thing that really disturbed me about the Conference was the lecturers kept telling us that we are not supposed to lecture about drug information to students and we shouldn't just give them material to read, but that is what they did to us. If they had told us a different way to present this information, maybe we could have gone back to our classrooms to do it. They told us not to do just what they were doing...*
>
> **Teacher**

"People" Experts

> *...First of all, it is not a drug problem as much as it is a 'people' problem. We are not about to train teachers as drug experts but, hopefully, as 'people' experts...*
> April, 1970

Indications of the attainment of this particular goal may be found in the means employed to achieve it as much as in specific observable products. It was successfully reached to the extent that individuals were able to become part of the person-centered overall approach. The functioning parts of this approach were the strategies directed at bring together and relating human efforts which have been discussed in the previous pages.

Evidence has been presented that the drug "problem" can serve as a catalyst around which parents and children, teachers and students, law enforcement officials, and other public service personnel can begin to perceive one another as individual human beings; and, most significantly, can begin to modify their relationships--both personal and institutional--to take into account and support this new awareness.

While this assessment could not measure generalizable effect, the words of the participants can serve again as indicators:

> *...I personally have experienced as much frustration as satisfaction. However, the people I have met and grown to deeply respect certainly make up for the other. The kids have been just great...*
> School Administrator

...I learned the necessary communication skills. I also learned that people have different backgrounds, and are really different, yet in a way have a lot in common.

...Since this training, I have found myself more accepting, both of teachers and other people. I am much more broadminded. I also made a lot of great friends...

Student

...People are really funny. I'm including me in that. I never realized before that I had most kids in one set and really treated them all pretty much the same way. I guess that since I started teaching, I never took the time to look at kids outside of the classroom - outside of the one relationship I had with them, that of teacher...

Teacher

...I was so surprised to discover how individuals from such different backgrounds had so much in common. We all cared for each other in such different ways yet, it took awhile to learn just what role every person plays in his community...

Parent

...This program really helped me understand them better, the stages they may be going through, the problems they are facing, the things they are thinking about, and some of the ways I can help them. It was just so great listening to how honest these kids are, how much they are willing to share, how they gave, and that they really do want our help...

Parent

...I found myself asking why people act the way they do. I can watch my family talk together and try to figure out what makes them do the things they do. I look at people more as human beings rather than one big machine...

Student

...Yes, we learned all about drugs. The people that gave us talks and stuff really know everything. The kids know a lot too, but drugs aren't really a problem. That I learned, too. The whole mess with drugs are really problems of people. If everyone could just give time to help each other out...

Policeman

...If one week of this type of experience can make me, one individual, so much stronger, committed to people with needs different from my own, more open to kids, to my own wife, it should be given top priority...

Teacher

...I learned a few facts, but those aren't as important as learning from the people there. The greatest thing I learned was to relate to teachers and kids that aren't like me. I never really talked to those people before...

Student

Conclusion

The evidence collected for this assessment suggests that the federal government's expectations for this program have been adequately fulfilled.

The urgency of the problem, coupled with society's lack of experience-based answers to it, served to override the traditional barriers imposed by old assumptions as to "what works", personal roles, and institutional responsibilities and relationships. New methods were used. States, left largely to their own devices, came up with a startling array of procedures for serving program purposes. Not all worked but most appear to have been successful.

Perhaps most importantly, it would appear that most of the goal assumptions of the Office of Education's National Program have been confirmed.

The federal government can create a cooperative partnership with state and community agencies. This relationship based upon mutual goals can take into account both the needs of the agencies closest to the problem to develop "answers" appropriate to their particular situation; as well as the needs of the federal government to have assurance that its overall efforts are progressing in a positive direction and are indeed having specific impact at the points where the problems occur. A sharing of responsibility which reflects a recognition of the interdependence of "process" and "product" would appear to be attainable. What may be evident in this program could be the early development of a manageable scheme for dealing effectively with both process and product without requiring that the control of both be in the same agency.

The results of the 1970-71 program support the viability of the use of the institution of public education as a vehicle for organizing, planning and executing training and prevention programs which have impact across all elements of a community. Thousands of school districts have effectively responded to the challenge. Hundreds of thousands of students and teachers have been meaningfully involved in state programs which not only disseminated essential information but changed the way in which people react to the drug problem, encouraged them to try to solve the problem, and stimulated new insights into the educational process itself.

The National Drug Education Training Program stimulated not only millions of dollars of local expenditure but harnessed people to work together in a common cause recognized in almost every American community.

Unfortunately, the funds available for this evaluation were not sufficient to permit a state by state examination of the success and failure of specific methods. Neither were adequate funds available to collect and analyze samples of impact data sufficiently large to permit reliable state by state comparisons. However, the overall effect of the program as inferred from state design information, the monitoring of those outcome survey data, and the several in-depth studies, is clear: The initial one-year program achieved its modest objectives, and the methods it employed promise a still more significant contribution to the solution of the national drug abuse problem.

SECTION II

WORK PERFORMED UNDER THIS CONTRACT

Information Collection and Analysis

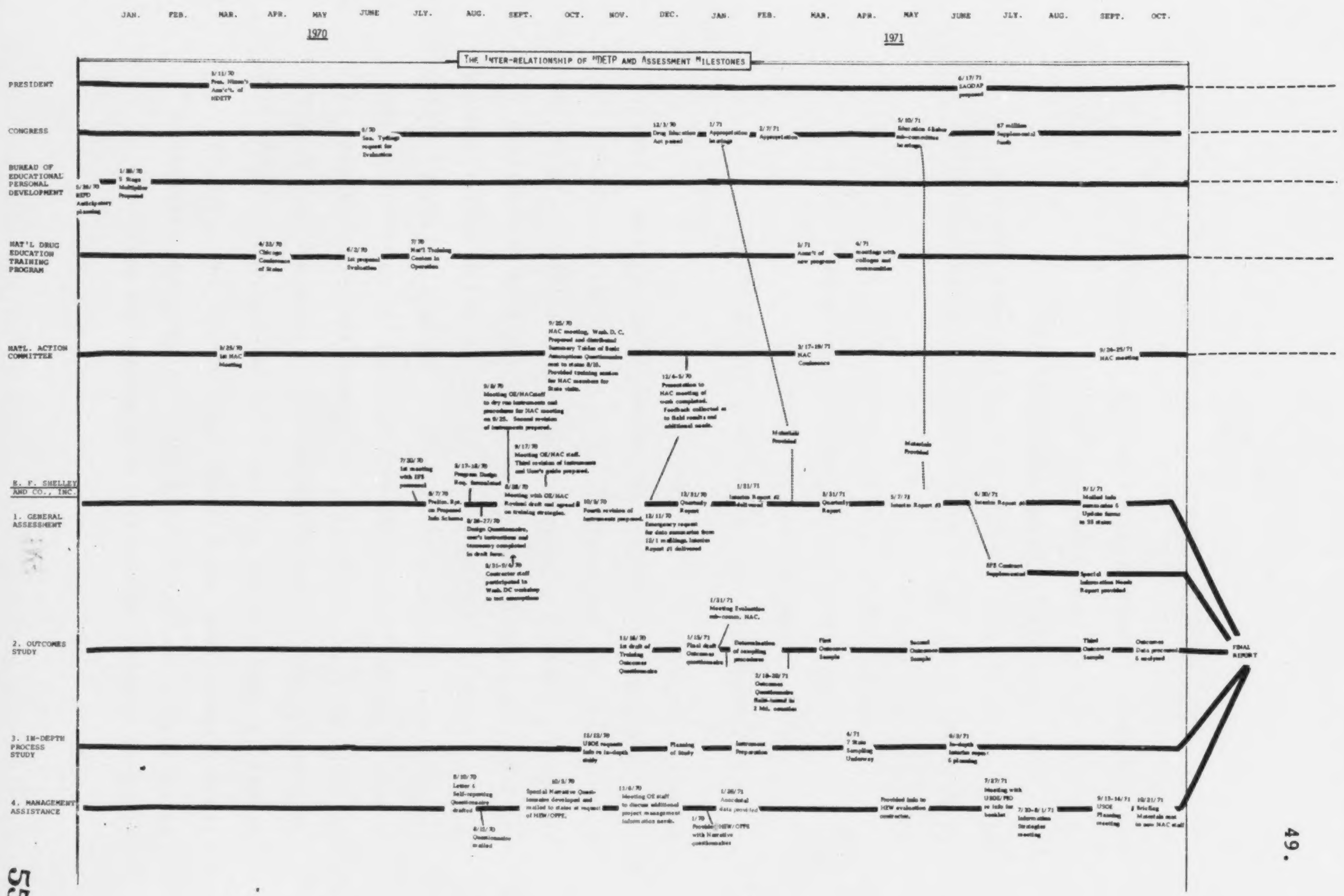
Information Reporting

WORK PERFORMED UNDER THIS CONTRACT

A brief historical account of the contractor's methodology, and strategies, including some of the constraints on the tasks, has been presented in Section I of this report.

The specific tasks undertaken by E. F. Shelley & Co., Inc. for the U. S. Office of Education encompassed the functions of information collection and analysis, and information reporting. The work that was accomplished is reported here in terms of those two functions; collection and analysis (pages 50 - 184), and reporting (pages 186 - 187).

The chronological milestones of the year's work are displayed graphically on the following page in order to illustrate the interrelationships among program and information activities.



THE INTER-RELATIONSHIP OF NDETP AND ASSESSMENT MILESTONES

JAN.
FEB.
MAR.
APR.
MAY
JUNE
JLY.
AUG.
SEPT.
OCT.
NOV.
DEC.
JAN.
FEB.
MAR.
APR.
MAY
JUNE
JLY.
AUG.
SEPT.
OCT.
1970
1971
PRESIDENT
3/11/70 Pres. Nixon's Ann'c't. of NDETP
6/17/71 SAODAP proposed
CONGRESS
6/70 Sen. Tydings request for Evaluation
12/3/70 Drug Education Act passed
1/71 Appropriation hearings
2/7/71 Appropriation
5/10/71 Education & Labor sub-committee hearings
$7 million Supplemental funds
BUREAU OF EDUCATIONAL PERSONAL DEVELOPMENT
1/70 BEPD Anticipatory planning
1/30/70 5 Stage Multiplier Proposed
NAT'L DRUG EDUCATION TRAINING PROGRAM
4/23/70 Chicago Conference of States
6/2/70 1st proposal Evaluation
7/70 Nat'l Training Centers in Operation
3/71 Ann'c't of new program
4/71 meetings with colleges and communities
NATL. ACTION COMMITTEE
3/25/70 1st NAC Meeting
9/25/70 NAC meeting, Wash. D. C. Prepared and distributed Summary Tables of Basic Assumptions Questionnaire sent to states 8/18. Provided training session for NAC members for State visits.
12/4-5/70 Presentation to NAC meeting of work completed. Feedback collected as to field results and additional needs.
3/17-19/71 NAC Conference
9/24-25/71 NAC meeting
Materials Provided
Materials Provided
E. F. SHELLEY AND CO., INC.
1. GENERAL ASSESSMENT
7/30/70 1st meeting with EPS personnel
8/7/70 Prelim. Rpt. on Proposed Info Scheme
8/17-18/70 Program Design Req. formulated
8/26-27/70 Design Questionnaire, user's instructions and taxonomy completed in draft form.
8/31-9/4/70 Contractor staff participated in Wash. DC workshop to test assumptions
9/8/70 Meeting OE/NAC staff to dry run instruments and procedures for NAC meeting on 9/25. Second revision of instruments prepared.
9/17/70 Meeting OE/NAC staff. Third revision of instruments and User's guide prepared.
9/28/70 Meeting with OE/NAC Revised draft and agreed on training strategies.
10/5/70 Fourth revision of instruments prepared.
12/11/70 Emergency request for data summaries from 12/1 mailings. Interim Report #1 delivered
12/31/70 Quarterly Report
1/31/71 Interim Report #2 delivered
3/31/71 Quarterly Report
5/7/71 Interim Report #3
6/30/71 Interim Report #4
9/1/71 Mailed info summaries & Update forms to 55 states
EPS Contract Supplemental
Special Information Needs Report provided
2. OUTCOMES STUDY
11/16/70 1st draft of Training Outcomes Questionnaire
1/15/71 Final draft Outcomes questionnaire
1/21/71 Meeting Evaluation sub-comm. NAC.
Determination of sampling procedures
2/18-20/71 Outcomes Questionnaire field-tested in 2 Md. counties
First Outcomes Sample
Second Outcomes Sample
Third Outcomes Sample
Outcomes Data processed & analyzed
FINAL REPORT
3. IN-DEPTH PROCESS STUDY
11/12/70 USOE requests info re in-depth study
Planning of Study
Instrument Preparation
4/71 7 State Sampling Underway
6/3/71 In-depth interim report & planning
4. MANAGEMENT ASSISTANCE
8/10/70 Letter & Self-reporting Questionnaire drafted
8/15/70 Questionnaire mailed
10/5/70 Special Narrative Questionnaire developed and mailed to states at request of HEW/OPPE.
11/6/70 Meeting OE staff to discuss additional project management information needs.
1/70 Provided HEW/OPPE with Narrative questionnaires
1/26/71 Anecdotal data provided
Provided info to HEW evaluation contractor.
7/27/71 Meeting with USOE/PIO re info for booklet
7/30-8/1/71 Information Strategies meeting
9/13-14/71 USOE Planning meeting
10/21/71 Briefing Materials sent to new NAC staff

INFORMATION COLLECTION AND ANALYSIS

The two basic information collection forms were:

- a Design Instrument
- a Training Outcomes questionnaire

In addition, several supplementary forms were developed in response to specific Office of Education needs during the year:

- Program Information Update Forms
- In-depth Process Observation Interview Formats
- a Basic Assumptions Questionnaire
- a Narrative Questionnaire (for HEW/OPPE)

Design Instrument

This form was structured to make explicit the intents, commitments, and expectations of state projects. These intentions covered a careful delineation of who would do the training, who would be trained, what would be transmitted during training (content), the manner in which training would be conducted (method), as well as a careful listing of purposes. A sample of the 3 forms which comprised the instrument can be found on pages 53 to 56. To ensure the comparability of this essential program distribution information across all states, a user's guide and taxonomy was constructed that provided a convenient and precise terminology for types of participants (which included both trainers and trainees), types of method, categories of content, and purposes.

The design instrument was developed as the basic means to trace the multiplier effect of the National program across all levels of state organization to the ultimate trainee. It proved to be an effective collection device in those state programs that followed the multiplier format, and whose staff had received sufficient training from the NAC in its use.

It was not as effective for the collection of information at the local levels of training, where the control or influence of state-level program staff was diminished.

As a tool for influencing, or shaping projects in the field, the instrument had reported positive effects. This could be expected if one recalls that most state projects had minimal planning time. Consequently, the purposes that were cited in their proposals seldom had been tested against their own experience. What they put on paper might have reflected what was thought that the Office of Education wanted, or might simply be "first-cuts" at making explicit their intents. In those projects where planning was still in early stages the design instrument helped to "force" program planners to think about purposes and how methods related to them.

The information derived from this instrument was of value for descriptive purposes and for establishing a base line for later progress assessment efforts. The information reported on Forms 1, 2, and 3 of the design instrument is displayed in the following tables:

TABLE 1 - DESCRIPTION OF STATE LEADERSHIP TEAM

TABLE 1a - SUMMARY INFORMATION - STATE COORDINATOR

TABLE 1b - SUMMARY INFORMATION - STATE TEAM LEADER

TABLE 1c - LIST OF CONSULTANTS REPORTED USED

TABLE 1d - DESCRIPTION OF STATE LEADERSHIP TEAM MEMBERS BACKGROUNDS

TABLE 2 - NUMBER OF SCHOOL DISTRICTS PARTICIPATING IN 1970-71 STATE TRAINING PROGRAMS

TABLE 2a - SUMMARY OF TRAINEE EXPECTATION DATA CONTRASTED TO ACTUAL REPORTING DATA

TABLE 3 - NUMBER, TYPE, AND PERCENT DISTRIBUTION OF NDETP TRAINEE BY STATE/TERRITORY

TABLE 3a - NUMBER, TYPE, AND PERCENT DISTRIBUTION OF NDETP TRAINEE BY STATE/TERRITORY (UPDATED THROUGH SUMMER, 1971)

TABLE 4 - DURATION OF TRAINING

The information regarding purposes and methods from Form 3 of the design instrument is reported separately on a state by state basis in Appendix A. - PROGRAM DESCRIPTIONS - PURPOSES AND METHODS BY STATES/TERRITORIES.

YOUR STATE / TERRITORY

FORM 1
Section 1
DESCRIPTION OF YOUR STAFF

1. The Name of Your Program:

2. Information About the State Program Director:

(Name) (Area Code / Telephone Number)

(Mailing Address) (City) (State) (Zip Code)

COMPLETE EITHER ITEM 3 OR ITEM 4, WHICHEVER IS APPLICABLE:

3. The Name of Your Previous Employer and Position, if you left this position to become State Drug Education Program Director:

4. The Name of Your Employing Institution and Your Regular Position (i. e., State Director of Health):

5. A. Information About The State Team Leader:
Give Name - Address - City/State - Phone No.

Check Whether He/She Is:

__ Full-time or __ Part-time

__ Temporary or
__ Permanent through June 1971

Identify His/Her Background Using Appropriate Background Code from Appendix A :

5. B. List All Other State Program Staff By:

	NAME ONLY	Check Appropriate Boxes To Describe Each Member's Status									Functional Title as a Staff or Team Member	Background Code from Appendix A
		Administrative Staff	Training Team	Outside Consultant	FULL-TIME	PART-TIME	TEMPORARY	PERMANENT	VOLUNTEER	PAID		
1)												
2)												
3)												
4)												
5)												
6)												
7)												
8)												
9)												
10)												
11)												
12)												

____
YOUR STATE / TERRITORY

FORM 1
Section 2
LEA COMMITMENT OBTAINED

6. List the Number of LEAs in Your State/Territory: ____________________
(Total Number of LEAs)

7. Of These, How Many LEAs Will Participate in Your Drug Education Training Program: ____________________
(Number Participating)

Section 3
FORMAT OF YOUR STATE'S "MULTIPLIER EFFECT"

8. A. Describe the "Multiplier Effect" Training Team Format Which Your State/Territory Is Using. Samples Are Shown in Examples 1, 2, 3 and 4. In the Space Provided Below These Examples Fill in Your State's "Multiplier Effect" Format, Showing Numbers of Team Members at Each Level and Projected Numbers of People To Be Trained at Each Level:

Example 1:
State Training Team

Regional Training Teams

County Training Teams

LEA Training Teams

Other Local School/Community Teams or Personnel

Example 2:
State Training Team

Regional Training Teams OR County Training Teams

LEA Training Teams

Other Local School/Community Teams or Personnel

Example 3:
State Training Team

Large City Training Teams & County Teams

LEA Training Teams

Other Local School/Community Teams or Personnel

Example 4:
State Training Team

LEA Training Teams

Other Local School/Community Teams or Personnel

FORMAT OF YOUR STATE'S "MULTIPLIER EFFECT"

Numbers of Team Members	ON	(fill in blank) Training Teams	REACHING	(fill in blank) Number Trained
________ Team Members	ON	STATE Training Team	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained
________ Team Members	ON	________ Training Teams	REACHING	________ Number Trained

(If you have more than one format, use supplemental FORM ls to explain)

8. B. Estimate the Total Number of Teachers, Youth and Others Working with Youth that Will Have Been Trained in Your State/Territory by June 30, 1971:

____
(Estimated Total Number Trained)

Your Name (Typed) ____________________ Title: ____________________ Date: ____________

Your Signature ____________________

FORM 2

LEAs AND INSTITUTIONS CONTACTED DIRECTLY BY YOUR TRAINING TEAM

(1) a) Name of Group (i.e., School District) Contacted for Training b) Name of Administrative Officer c) Mailing Address - City - State - Zip Code d) Area Code and Telephone Number of Administrative Officer e) Beginning/Ending Dates of Training Program For This Group f) Hours of Contact (Total Number of Hours in Training)	(2) TYPE OF AUDIENCE CONTACTED IN EACH TRAINING PROGRAM: (a) Background Code from Appendix A Describing Each Type	(b) Description of Each Trainee or Group of Trainees Represented in This Training Program (If Trainees Are From Various School Districts, List School District Name or Number beside Each Type Described in Item 2a)	(c) Number of Each Type Represented in This Training Program
a) ______	______	______	______
b) ______	______	______	______
c) ______	______	______	______
______	______	______	______
______	______	______	______
	______	______	______
d) ______ ______	______	______	______
e) ______ TO ______	______	______	______
f) ______	______	______	______
	______	______	______
______ YOUR STATE / TERRITORY	______	______	______
Training Program # ______	______	______	______
(NOTE: LIST ONE (1) TRAINING PROGRAM PER PAGE)	______	______	______
	______	______	______
	______	______	______
			______ (TOTAL)

YOUR STATE / TERRITORY

Training Program #__________

FORM 3

PURPOSES SERVED AND METHODS USED BY YOUR TRAINING TEAM

(NOTE: LIST ONE (1) TRAINING PROGRAM PER PAGE)

(1) PURPOSE OF CONTACT:		(2) METHOD OF CONTACT:		(3) HOURS OF CONTACT:
Purpose Code from Appendix B	Description of Purpose or Objective You Were Trying to Achieve Through Each of the Training Activities Undertaken in This Training Program	Method Code from Appendix C	Description of Methods Used to Achieve Each of the Stated Purposes in Item 1	Give Approximate Number of Hours Spent on Each Method Used in This Training Program

TABLE 1. DESCRIPTION OF THE STATE LEADERSHIP TEAMS (Data Supplied by Each State / Territory to USOE for the NDETP Assessment)

STATE/TERRITORY	SIZE[1] OF STATE LEADERSHIP TEAM	Number on Team Attending Each National Training Center[2]	Number of Team Members Who Function As: Training Team	Number of Team Members Who Function As: Administrative Staff	Number of Team Members Who Are: Full time	Part time	Temporary	Permanent	Volunteer	Paid by EPDA Funds	On Released Time	Attrition[3] (Number Who Have Left Team)	Consultants[4] to State Team
1. ALABAMA	7	1-Adelphi, 6-Texas	6	1	4	3		7		4	3		
2. ALASKA	5	6-SFSC	5	1	5			1		2	3	1	
3. ARIZONA	9	5-SFSC	9	3	12			12		9			3
4. ARKANSAS	8	8-Texas	8	2	1	7	1	8	2	2	6		1
5. CALIFORNIA	5	--	5	3	1	4		3		2	3		
6. COLORADO	6	6-SFSC	6	1	5	1	5	1	1	1	3	1	
7. CONNECTICUT	1*	--	-	1	1			1		1			
8. DELAWARE	8	7-Adelphi	7	1	1	7	7	1					4
9. DISTRICT OF COLUMBIA	8	7-Adelphi	7	1	1	6	1	6	2	6	6		
10. FLORIDA	10	10-Wisconsin	10	1	1	9				1			
11. GEORGIA	2	--	1	1	2	5		1		[illegible]	1		6
12. HAWAII	7	5-Adelphi	6	1	2	3		2	1	2	4		2
13. IDAHO	8	8-SFSC	7	1	1	6		6		2	4		
14. ILLINOIS	34	8-SFSC	33	2	1	33							
15. INDIANA	36	--	35	1	1	35		35		35			
16. IOWA	9	10-Wisconsin	9	1	1	8		2		4	5		
17. KANSAS	7	8-Wisconsin	7	1	1			1	6		4		
18. KENTUCKY	6	6-Texas	6	2	1	6		7		7			
19. LOUISIANA	10	4-Texas	10	3	2	6	2	3	4	6			
20. MAINE	2	3-Adelphi	2	1	2			1				1	
21. MARYLAND	8	8-Wis., 1-Adelphi	7	1	3	4	4	3		3	3		5
22. MASSACHUSETTS	12	--	12	2	1	11		12		12			4
23. MICHIGAN	12	8-Wis., 1-SFSC	11	2	1	11	12			12			
24. MINNESOTA	5	--	3	2		5				3			6
25. MISSISSIPPI	5	5-Texas	5	1	1								7
26. MISSOURI	16	5-SFSC, 5-Wis., 5-Texas	15	1	15			14	14	1	14		
27. MONTANA	6	5-SFSC	5	1	6			6		6			9
28. NEBRASKA	5	5-SFSC	5	2	2	3	1	1		4	1		13
29. NEVADA	5	5-SFSC	3	2	1	3					4		4
30. NEW HAMPSHIRE	5	5-Adelphi	4	2	4		2	2		3			23
31. NEW JERSEY	4	--	4	1	4								
32. NEW MEXICO	8	6-Texas	8	1	2				6		2		
33. NEW YORK	7	1-Adelphi, 2-SFSC	3	4	2	4	3	3		2	3		
34. NORTH CAROLINA	1*	--	-	1	1			1		1			
35. NORTH DAKOTA	6	5-Wisconsin	5	1	1	4		5	4		4		
36. OHIO	12	12-Adelphi	12	4	4	8		4		12			
37. OKLAHOMA	4	4-Texas	4	3	2	2		4		3			8
38. OREGON	16	--	15	2	2		14			2	14		
39. PENNSYLVANIA	12	5-Adelphi, 2-SFSC, 4-Wis.	10	2		11		11		12			
40. RHODE ISLAND	10	--	9	2		9	2	5	1	8			4
41. SOUTH CAROLINA	1	2-Adelphi	1	1		1		1			1	2	12
42. SOUTH DAKOTA	5	5-Wisconsin	5	1	1	4		1	4				
43. TENNESSEE	7	4-Texas	4	3	1	2		3		2	5		8
44. TEXAS	25	22-Texas	25	5	25			25		25			
45. UTAH	8	6-SFSC	8	1		8			8				
46. VERMONT	5	5-Adelphi	5	1		5	5						
47. VIRGINIA	6	1-Adelphi, 1-SFSC, 4-Texas	2	5	1				4	1	1		5
48. WASHINGTON	12	7-SFSC	12	1	2	9		12		12			
49. WEST VIRGINIA	2	4-Wisconsin	2	1	1	1			1	1		3	
50. WISCONSIN	12	12-Wisconsin	12	2	6	1		1		1		2	
51. WYOMING	3	3-Adelphi	3	1	1	2					2		
52. AMERICAN SAMOA	3	4-SFSC	2	1		3		3			2	1	
53. GUAM	5	5-SFSC	5	1									
54. PUERTO RICO	12	--	9	3	2	9		11		1	11		19
55. VIRGIN ISLANDS	11	5-Adelphi, 5-Wisconsin	11	2	2	8		2	8	2	9		

[1] Includes State Coordinator, State Team Leader and Members of the Training Team. When the State Coordinator does not function as a member of the Training Team this will be reflected in the difference between Columns 1 and 3, except in the states of Michigan and Oregon where the State Coordinators do function as members of the Training Teams but their staff assistants do not.

[2] The 4 National Training Centers were: 1) Adelphi University, Garden City, New York; 2) San Francisco State College, San Francisco, California; 3) University of Texas, Austin, Texas; 4) University of Wisconsin, Madison, Wisconsin.

[3] Column 1 (Size of the State Leadership Team) does not reflect these Team Members who left the project prior to its implementation -- there may have been others but these are the states which noted the attrition.

[4] Consultants and their areas of discipline and/or contribution to the State Team are listed on TABLE 1c

* No State Leadership Teams were formed in Connecticut or North Carolina; the State Coordinator worked with Local School District Drug Education Training Projects.

TABLE 1a. SUMMARY INFORMATION ABOUT THE 1970-71 STATE COORDINATOR (If Changes Have Occurred, Coordinators Are Shown As Former -- Present Coordinators for Those States Are Listed on TABLE 1a1)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY 1970-71 State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1970-71) Employing Institution	Previous Position (prior to Summer 1970) Employing Institution	Did 1970-71 State Coordinator Serve as State Team Leader?
ALABAMA Mr. William A. Heustess (Former) 205 : 269-6549	State Department of Education Montgomery, Alabama 36104	State Coordinator, NDEA Title III State Department of Education		Yes - Time Commitment was Parttime and Permanent to July 1971
ALASKA Mrs. Paul K. (Mary Beth) Hilburn 907 : 586-5486	Pouch F Juneau, Alaska 99801	Drug Abuse Education Consultant State Department of Education		Yes - Time Commitment was Fulltime and Permanent to July 1971
ARIZONA Mr. Robert L. Bell 602 : 624-8331	100 East Alameda Street, Suite 511 Tucson, Arizona 85701		Pueblo High School, Health Education Tucson Public Schools - Tucson #1	Yes - Time Commitment was Fulltime and Permanent to July 1971
ARKANSAS Mr. James G. Albright 501 : 371-1861	State Department of Education Little Rock, Arkansas 72201	Supervisor of Health Education State Department of Education		Yes - Time Commitment was Parttime
CALIFORNIA Mr. Donald A. McCune 916 : 445-7088 & 445-4633	State Department of Education 721 Capitol Mall Sacramento, California 95814	Education Specialist and Director of California State Drug Education Training Program State Department of Education		Yes - Time Commitment was Fulltime and Permanent to July 1971
COLORADO Miss Janice R. Schneider 303 : 892-2238	Project Director, 432 State Office Building Colfax and Sherman Streets Denver, Colorado 80203		Teacher Denver Public Schools	Yes - Time Commitment was Fulltime and Permanent to July 1971
CONNECTICUT Mr. Donald J. Anneser 203 : 566-4424	State Department of Education P. O. Box 2219 Hartford, Connecticut 06115	Consultant for Health and Physical Education State Department of Education	Education Director Alcohol and Drug Dependence Division State Department of Mental Health	No - Connecticut did not form a State Leadership Team
DELAWARE Dr. Randall L. Broyles 302 : 678-4632	State Department Public Instruction P. O. Box 697 Dover, Delaware 19901	Director of Secondary Education State Department of Public Instruction		No - See TABLE 1b
DISTRICT OF COLUMBIA Dr. Vincent Reed (Former) 202 : 783-6111 x2078/79	Presidential Building, Room 1205 415 12th Street, N. W. Washington, D. C. 20004	Safety Director D. C. Board of Education		No - See TABLE 1b
FLORIDA Mr. Louis V. Morelli 904 : 599-5730	State Department of Education 377 Knott Building Tallahassee, Florida 32304	State Department of Education	Supervisor of Health and Physical Education Broward County Public Schools	Yes - Time Commitment was Fulltime and Permanent to July 1971
GEORGIA Mr. Jack S. Short 404 : 656-2578	State Office Building Atlanta, Georgia 30334	Coordinator of Health, Physical Education Safety and Driver Education State Department of Education		Yes - Time Commitment was Fulltime

TABLE 1a. SUMMARY INFORMATION ABOUT THE 1970-71 STATE COORDINATOR (If Changes Have Occurred, Coordinators Are Shown as Former -- Present Coordinators for Those States Are Listed on TABLE 1a$_1$)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY 1970-71 State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1970-71) Employing Institution	Previous Position (prior to Summer 1970) Employing Institution	Did 1970-71 State Coordinator Serve as State Team Leader?
HAWAII Miss Jeanne Paty 808 : 531-8801	Department of Education 1270 Queen Emma Street, 9th Floor Honolulu, Hawaii 96813	Program Specialist in Health Education Department of Education		Yes - although time commitment was not described
IDAHO Mr. Harold R. Goff 208 : 384-3225	State Department of Education Boise, Idaho 83707	Executive Director Idaho Consortium for Education Professions Development State Department of Education		No - See TABLE 1b
ILLINOIS Mr. Thomas M. Janeway 217 : 525-6528	316 South Second Street Springfield, Illinois 62706	Director, Health Education Division of Instruction Office of Public Instruction		No - See TABLE 1b
INDIANA Mr. Mark Van Horn 317 : 633-4507	State Office Building, Room 108 Indianapolis, Indiana 46204	Consultant for Drug and Narcotics Education Office of the State Superintendent of Public Instruction		Yes - Time Commitment was Fulltime
IOWA Mr. Robert A. Kaldenberg 515 : 281-3624	Department of Public Instruction Grimes State Office Building Des Moines, Iowa 50319	Drug Education Consultant Department of Public Instruction	Director of Boys' Physical Education Indianola Community Schools Indianola, Iowa	Yes - Time Commitment was Permanent to July 1971
KANSAS Mr. Carl J. Haney 913 : 296-3916	120 East 10th Street Topeka, Kansas 66612	Specialist, Health and Physical Education State Department of Education		Yes - Time Commitment was Fulltime and Permanent to July 1971
KENTUCKY Dr. Sidney Simandle (Former) 502 : 564-4604	Department of Education State Office Building Frankfort, Kentucky 40601	Director of the Division of Teacher Education and Certification Department of Education		No - See TABLE 1b
LOUISIANA Mr. Rudy Landry 504 : 389-5891 or 5243	P. O. Box 44064 Baton Rouge, Louisiana 70804	Supervisor of the Health Education, Physical Education and Recreation Section State Department of Education		No - See TABLE 1b
MAINE Mr. Carl D. Mowatt 207 : 289-3451	State Department of Education Augusta, Maine 04330	Director, Drug Education Program State Department of Education	Health Coordinator, S. A. D. #29 Houlton, Maine	Yes - Time Commitment was Fulltime and Permanent to July 1971
MARYLAND Dr. Lewin A. Wheat (Former) 301 : 383-3434	600 Wyndhurst Avenue Baltimore, Maryland 21210	Consultant in Professional Development State Department of Education		No - See TABLE 1b
MASSACHUSETTS Mr. Paul J. Andrews 617 : 727-5752	182 Tremont Street Boston, Massachusetts 02111	Senior Supervisor in Education State Department of Education		No - See TABLE 1b

TABLE 1a. SUMMARY INFORMATION ABOUT THE 1970-71 STATE COORDINATOR (If Changes Have Occurred, Coordinators Are Shown as Former -- Present Coordinators for Those States Are Listed on TABLE 1a$_1$)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY 1970-71 State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1970-71) Employing Institution	Previous Position (prior to Summer 1970) Employing Institution	Did 1970-71 State Coordinator Serve as State Team Leader?
MICHIGAN Dr. E. J. McClendon 517 : 373-1806	Box 420 State Department of Education Lansing, Michigan 48902	Special Assistant for Drug Education Coordinator-Assistant to the Superintendent State Department of Education	Deputy Superintendent and Vice President Community College Highland Park, Michigan	Yes - Time Commitment was Fulltime and Permanent to July 1971
MINNESOTA Dr. Carl Knutson, Ph. D. 612 : 221-3757	Minnesota Department of Education St. Paul, Minnesota 55101	Supervisor of Health, Physical Education, Recreation and Safety Minnesota Department of Education		Yes - Time Commitment was Parttime
MISSISSIPPI Dr. James E. Parkman 601 : 354-6956	State Department of Education Jackson, Mississippi 39205	Supervisor, Alcohol and Narcotics Education State Department of Education		Yes - Time Commitment was Fulltime
MISSOURI Jack E. Roy (Former) 314 : 635-8125	Box 480 Jefferson City, Missouri 65101	Director, Education Professions Development State Department of Education		No - See TABLE 1b
MONTANA Mr. Herman Tushaus (Former) 406 : 449-3693	Office of the Superintendent of Public Instruction Helena, Montana 59601	Supervisor, Education Professions Development Office of the Superintendent of Public Instruction		No - See TABLE 1b
NEBRASKA Mr. Roy R. Gray (Former) 402 : 471-2477	Department of Education 1401 State Capitol Building Lincoln, Nebraska 68509		Administrative Consultant Physical Education and Health State Department of Education	Yes - Time Commitment was Fulltime and Permanent to July 1971
NEVADA Mr. Paul Cohen (Former) 702 : 882-7326	Heroes Memorial Building Carson City, Nevada 89701	Consultant for Health, Physical Education, Safety and Driver Education State Department of Education		Yes - No Time Commitment Was Described
NEW HAMPSHIRE Mr. Donald Campbell 603 : 456-3932	Lower Village Warner, New Hampshire 03278	Consultant Health and Physical Education State Department of Education	Assistant Professor, H. P. E. R. University of Maine Presque Isle, Maine	No - See TABLE 1b
NEW JERSEY Mr. William Burcat 609 : 292-4483	State Department of Education 225 West State Street Trenton, New Jersey 08625	Consultant, Health Education Division of Curriculum Instruction State Department of Education		Yes - Time Commitment was Fulltime
NEW MEXICO Mr. Mel Root (Former) 505 : 827-2729	Division of Drug Abuse Education State Department of Education Santa Fe, New Mexico 87501	Coordinator Division of Drug Abuse Education Department of Education	New Mexico Educational Talent Project New Mexico Highlands University	Yes - Time Commitment was Fulltime
NEW YORK Dr. John Sinacore 518 : 474-1491	State Education Department Albany, New York 12224	Special Assistant to the Commissioner for Drug Education State Education Department		No - See TABLE 1b

TABLE 1a. SUMMARY INFORMATION ABOUT THE 1970-71 STATE COORDINATOR (If Changes Have Occurred, Coordinators Are Shown as Former -- Present Coordinators in Those States Are Listed on TABLE $1a_1$)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY 1970-71 State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1970-71) Employing Institution	Previous Position (prior to Summer 1970) Employing Institution	Did 1970-71 State Coordinator Serve as State Team Leader?
NORTH CAROLINA Mr. Robert R. Frye 919 : 829-3919	Health and Safety Education Department of Public Instruction Raleigh, North Carolina 27602	Director, Drug Training Project State Department of Public Instruction	Graduate Student in Public Health Education	No - North Carolina did not form a State Leadership Team
NORTH DAKOTA Mr. Glenn R. Dolan 701 : 224-2274	Department of Public Instruction Bismarck, North Dakota 58501	Director of Guidance Services Department of Public Instruction		No - See TABLE 1b
OHIO Mr. Woodrow W. Zinser (Former) 614 : 469-2407 and 2408	Division of Drug Education 781 Northwest Boulevard Columbus, Ohio 43212	Director, Drug Education Division Ohio State Board of Education	Superintendent of Schools Youngstown City Board of Education	Yes - 1 of 3 State Team Leaders (See TABLE 1b for other 2) -- Time Commitment: Fulltime and Permanent
OKLAHOMA Mr. Sherrill White (Former) 405 : 521-2180	4545 Lincoln Boulevard, Suite 255 Oklahoma City, Oklahoma 73105	Acting Director Narcotics and Drug Section State Department of Education	Title III Project Director Selling Public Schools	Yes - Time Commitment was Fulltime and Permanent to July 1971
OREGON Dr. Richard G. Schlaadt (Former) 503 : 364-2171 x1602	942 Lancaster Drive, N. E. Salem, Oregon 97310	Director, DEPOT State Department of Education	Associate Professor University of Oregon (On Leave of Absence)	Yes - Time Commitment was Fulltime
PENNSYLVANIA Mr. Michael E. Flanagan 717 : 787-8728	Box 911 State Department of Education Harrisburg, Pennsylvania 17126	Assistant Director for the Bureau of General and Academic Education Department of Education		No - See TABLE 1b
RHODE ISLAND Dr. Grace Glynn 401 : 521-7100 x697	Roger Williams Building Hayes Street Providence, Rhode Island 02908	Associate Director of the State Agency for Elementary and Secondary Education		No - See TABLE 1b
SOUTH CAROLINA Mr. Albert H. H. Dorsey (Former) 803 : 758-2642	801 Rutledge Building Columbia, South Carolina 29201	Chief Supervisor Curriculum Development Section State Department of Education		Yes - Time Commitment was Parttime and Permanent to July 1971
SOUTH DAKOTA Mrs. Shirley T. Hagen 605 : 224-3315 or 3316 or 3249	Department of Public Instruction State Capitol Building Pierre, South Dakota 57501	Consultant, Drug Education and School Social Services (New Position) Acting Coordinator of Drug Education (Former Position) Department of Public Instruction		Yes - Time Commitment was Fulltime and Permanent to July 1971
TENNESSEE Mr. Donald Wood 615 : 741-2586	Coordinator, Curriculum and Supervision State Department of Education Nashville, Tennessee 37219	Coordinator, Curriculum and Supervision State Department of Education		Yes - Time Commitment was Parttime and Permanent to July 1971
TEXAS Dr. Louise Dooley 512 : 475-2952	Texas Education Agency Austin, Texas 78711	Director, Division of Drug Education Texas Education Agency		No - See TABLE 1b

TABLE 1a. SUMMARY INFORMATION ABOUT THE 1970-71 STATE COORDINATOR (If Changes Have Occurred, Coordinators Are Shown as Former -- Present Coordinators in Those States Are Listed on TABLE 1a$_1$)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY 1970-71 State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1970-71) Employing Institution	Previous Position (prior to Summer 1970) Employing Institution	Did 1970-71 State Coordinator Serve as State Team Leader?
UTAH Mr. Robert L. Leake 801 : 328-5061	1400 University Club Building Salt Lake City, Utah 84111	Specialist Health, Physical Education and Recreation Utah State Board of Education		Yes - Time Commitment was Parttime and Permanent to July 1971
VERMONT Mr. Edward Scully 802 : 223-2311 x511	Department of Education State Office Building Montpelier, Vermont 05602	Not Known		Yes - However, Time Commitment Is Not Known
VIRGINIA Mr. Franklin A. Cain, Jr. (Former) 703 : 770-2607	State Department of Education Richmond, Virginia 23216	Supervisor of Teacher Education State Board of Education		No - See TABLE 1b
WASHINGTON Mr. Carl J. Nickerson 206 : 753-6757	State Office of Public Instruction Olympia, Washington 98501	Drug Education Consultant State Office of Public Instruction		Yes - Time Commitment was Fulltime and Permanent to July 1971
WEST VIRGINIA Mr. Robert Jerry Brewster (Former) 304 : 348-3432	State Department of Education Charleston, West Virginia 25305	Program Specialist Health Education State Department of Education	Instructor of Health, Physical Education and Safety West Virginia University	Yes - Time Commitment was Fulltime
WISCONSIN Miss Luida Sanders (Former) 608 : 266-3498	State Department of Public Instruction 126 Langdon Street Madison, Wisconsin 53702	Supervisor of Health Education State Department of Public Instruction		Yes - Time Commitment was Fulltime and Permanent to July 1971
WYOMING Mr. Roger Abelson 307 : 777-7533	Capitol Building Cheyenne, Wyoming 82001	Science and Drug Consultant State Department of Education	Instructor of Science Education College of Education University of Wyoming	Yes - Time Commitment was Fulltime
AMERICAN SAMOA Mr. Bruce Andrew Barton (Former) Overseas Operator 32 435	Department of Education Pago Pago, American Samoa 96920	Education Specialist Department of Education Government of American Samoa		Yes - Time Commitment was Parttime and Permanent to July 1971
GUAM Mr. Franklin J. Quitugua (Former) 772-8524 or 772-8695	Department of Education Agana, Guam 96910	Director of Education Department of Education		Not Known
PUERTO RICO Mrs. Lagrima M. Marquez (Former) 809 : 765-3403	Department of Education Hato Rey, Puerto Rico 00919	Director Orientation Centers Project Department of Education		No Single State Team Leader, Rather a State Planning Committee
VIRGIN ISLANDS Mr. Don Bachaus 809 : 774-0100 x251	Government of the Virgin Islands Department of Education Charlotte Amalie, St. Thomas, V.I. 00801	Coordinator of Drug Education Department of Education	Assistant Principal All Saints Parish School St. Thomas, V. I.	Yes - Time Commitment was Fulltime and Permanent to July 1971

TABLE $1a_1$. LIST OF PRESENT STATE COORDINATORS (If Changes Have Occurred in the List Shown in TABLE 1a)

STATE/TERRITORY State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1971) Employing Institution	Was Coordinator Associated with the NDETP During 1970-71? How?
ALABAMA Mr. Leroy Brown 205 : 269-6549	State Department of Education Montgomery, Alabama 36104	State Department of Education	No
DISTRICT OF COLUMBIA Mr. William Johnson 202 : 629-7384	Malcolm Scates Building 4121 13th Street, N. W. Washington, D. C. 20011	Director, Drug Education Program D. C. Board of Education	Yes - D. C. Team Leader and Program Assistant Director
KENTUCKY Mr. Taylor Hollin 502 : 564-4606	State Department of Education Frankfort, Kentucky 40601	Consultant for Drug Abuse Education Division of Teacher Education and Certification State Department of Education	Yes - State Team Leader
MARYLAND Mr. James T. Keim 301 : 383-3434	600 Wyndhurst Avenue Baltimore, Maryland 21210	Director Drug Education Training Program State Department of Education	Yes - Member of the State Leadership Team (Trainer)
MISSOURI Mr. Murray Hardesty 314 : 635-8125	Box 480 Jefferson City, Missouri 65101	Coordinator Educations Professions Development Act State Department of Education	Yes - State Team Leader
MONTANA Mrs. Shirley Miller 406 : 449-3693	Office of the Superintendent of Public Instruction Helena, Montana 59601	Program Services Development Supervisor Office of the Superintendent of Public Instruction	Yes - State Team Leader
NEBRASKA Mrs. Vivian Snell 402 : 471-2477	State Capitol Building Lincoln, Nebraska 68509	Drug Education Consultant State Department of Education	Yes - Consultant to the State Leadership Team
NEVADA Mr. Robert Mackin Hirsch 702 : 385-0191	P. O. Box 390 215 East Bonanza Road Las Vegas, Nevada 89101	Consultant, Drug Abuse Education State Department of Education	Yes - Assistant Team Leader
NEW MEXICO Mr. David Koch 505 : 827-2789	State Department of Education Santa Fe, New Mexico 87501	Drug Education Coordinator State Department of Education	Yes - Member of the State Leadership Team
OHIO Dr. Albert Dyckes 614 : 469-2407	Division of Drug Education 781 Northwest Boulevard Columbus, Ohio 43212	Director, Division of Drug Education State Department of Education	No

TABLE $1a_1$. LIST OF PRESENT STATE COORDINATORS (If Changes Have Occurred in the List Shown in TABLE 1a)

STATE/TERRITORY State Coordinator's Name Telephone Number	Mailing Address	Present Position (during 1971) Employing Institution	Was Coordinator Associated with the NDETP During 1970-71? How?
OKLAHOMA Mr. Patrick McGuire 405 : 521-2180	Lincoln Plaza Building Oklahoma City, Oklahoma 73105	Acting Director of Narcotics and Drug Education State Department of Education	Yes - Member of State Leadership Team and Drug Education Coordinator
OREGON Mr. James D. Goddard 503 : 378-3602	942 Lancaster Drive, N. E. Salem, Oregon 97302	DEPOT Director State Board of Education	Yes - Coordinator of Project
SOUTH CAROLINA Mr. Clyde Manigo 803 : 758-3362	Office of General Education State Department of Education Columbia, South Carolina 29201	Not Known	No
VIRGINIA Mr. James H. Davis 703 : 770-2176	State Board of Education Richmond, Virginia 23216	Coordinator for Drug Education Department of Health and Physical Education	Yes - State Team Leader
WEST VIRGINIA Miss Martha Buckley 304 : 348-2651	Capitol Building State Department of Education Charleston, West Virginia 25305	Not Known	No
WISCONSIN Mr. Philip Chernin 608 : 266-7032	Department of Public Instruction 126 Langdon Street Madison, Wisconsin 53702	Project Assistant Drug Education Program Department of Public Instruction	Yes - Member of the State Leadership Team/Administrative Asst.
AMERICAN SAMOA Dr. Milton DeMello 9-0 - 2435	Department of Education Pago Pago, Tutuila, A. S. 96920	Director of Education Department of Education	No
GUAM Mr. Jack Pelowski 772-8524 or 772-8695	P. O. Box DE Agana, Guam 96910	Department of Education	No
PUERTO RICO Mrs. Virginia Belaval 809 : 765-3403	Department of Education Hato Rey, Puerto Rico 00919	Health Program Department of Education	Yes - Member of State Planning Committee and State Team

TABLE Ib. BACKGROUND INFORMATION ABOUT THE STATE TEAM LEADER (If This Individual Differs From the State Coordinator Listed on TABLE Ia.)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY State Team Leader's Name Telephone Number	Mailing Address	Occupational Background - Prior to Duties as State Team Leader and/or Concurrent with Duties as State Team Leader	Time Commitment as the State Team Leader: Fulltime	Parttime	Temporary	Permanent to July 1971
DELAWARE Mrs. Carol Victor 302 : 478-7413	1405 Ivy Drive Wilmington, Delaware 19803	Coordinator, Drug Education; Coordinator, Youth Committee of Governor's Drug Council; Education Director, Drug Abuse Clinic, Wilmington Medical Center; and Teacher	X			X
DISTRICT OF COLUMBIA Mr. William Johnson* 202 : 629-7384	Malcolm Scates Building 4121 13th Street, N.W. Washington, D. C. 20011	Elementary Schools Coordinator D. C. Public Schools, Washington, D. C.	X			X
IDAHO Mr. Stan Olson 208 : 384-2195	State Department of Education State Office Building Boise, Idaho 83707	Consultant, Health and Physical Education State Department of Education		X		X
ILLINOIS Mr. Ward L. Iaun 217 : 525-6528	316 South Second Street Springfield, Illinois 62706	Health Education, Office of the Superintendent of Public Instruction	X			
KENTUCKY Mr. Taylor Hollin* 502 : 564-4606	State Department of Education Frankfort, Kentucky 40601	Consultant for Drug Abuse Education Division of Teacher Education and Certification State Department of Education	X			X
LOUISIANA Mr. Charles Flurry and Major C. E. Johnson 504 : 389-5891 or 389-5243	P. O. Box 44064 State Department of Education Baton Rouge, Louisiana 70804	Mr. Flurry - State Department of Education Mr. Johnson - County Law Enforcement Personnel	X X			X X
MARYLAND Mr. Robert Bagley 301 : 383-3434	600 Wyndhurst Avenue Baltimore, Maryland 21210	State Department of Juvenile Services		X	X	
MASSACHUSETTS Dr. Robert L'H. Miller 617 : 628-5000	Tufts University Medford, Massachusetts	Associate Professor		X		X
MISSOURI Mr. Murray Hardesty* 314 : 635-8125	Box 480 Jefferson City, Missouri 65101	Coordinator, Educations Professions Development Act State Department of Education, and, formerly, Public School Supervisor and High School Teacher	X			X
MONTANA Mrs. Shirley Miller* 406 : 449-3693	Office of the Superintendent of Public Instruction Helena, Montana 59601	Drug Education Supervisor, and, presently, Program Services Development Supervisor Office of the Superintendent of Public Instruction		X		X
NEW HAMPSHIRE Mr. Earle B. Blanchard 603 : 783-6254	Lazy Pine Mobile Park Loudon, New Hampshire 03301	Recent College Graduate and Young Adult Working with Youth	X			X

*Denotes Present State Coordinators for the 1971-72 Program Year

TABLE 1b. BACKGROUND INFORMATION ABOUT THE STATE TEAM LEADER (If This Individual Differs From the State Coordinator Listed on TABLE 1a.)
(Data Supplied by Each State/Territory to USOE for the NDETP Assessment)

STATE/TERRITORY State Team Leader's Name Telephone Number	Mailing Address	Occupational Background - Prior to Duties as State Team Leader and/or Concurrent with Duties as State Team Leader	Time Commitment as the State Team Leader: Fulltime	Parttime	Temporary	Permanent to July 1971
NEW YORK Dr. Gerald Edwards 516 : 294-8700	Chairman, Department of Health and Physical Education, Adelphi University Garden City, New York	Director of a National Training Center for Drug Education		X	X	
NORTH DAKOTA Mr. Henry Landeis 701 : 224-2393	Department of Public Instruction Bismarck, North Dakota 58501	Office of Guidance Services, Department of Public Instruction, and, formerly, High School Guidance Counselor	X			X
OHIO - In addition to Mr. Zinser:	Division of Drug Education			-		
Mr. Charles E. Ballinger	781 Northwest Boulevard	All State Agency Personnel with the State Department of Education	X			X
Mr. Kenton P. Gearhart	Columbus, Ohio 43212		X			X
Mr. George Van Fleet 614:469-2407			X			X
PENNSYLVANIA Dr. Robert G. Zeigler 717 : 787-5424	Box 911 Department of Education Harrisburg, Pennsylvania 17126	Coordinator, Division of Health Physical and Conservation Education, Department of Education		X		X
			(Note: Dr. Zeigler is listed as Project Coordinator, not Team Leader)			
RHODE ISLAND Mr. Paul F. Flaherty 401 : 792-2824	Department of Education University of Rhode Island Kingston, Rhode Island 02881	Governor's Coordinating Council, University Employee and Local Agency Personnel for a Drug Treatment Center		X		
TEXAS Mr. Gilbert Moody 512 : 475-2952	201 East 11th Street Austin, Texas 78711	State Agency Personnel Department of Narcotics and Dangerous Drugs	X			X
VIRGINIA Mr. James H. Davis * 703 : 770-2651	State Department of Education Richmond, Virginia 23216	Coordinator for Drug Education Department of Health and Physical Education State Board of Education	X			X
PUERTO RICO State Planning Committee Members:	Department of Education					
Mrs. Virginia Belaval *	Hato Rey, Puerto Rico 00919	Department of Education		X		X
Mrs. Rosa Barea	809 : 765-3403	Department of Education		X		X
Dr. Ives Thillet		Drug Control Committee		X		X
Mrs. Gladys A. Sanchez		Department of Education		X		X
Mr. William Phillipi		Department of Social Services		X		X
Mr. Luis Santos		Department of Education		X		X
Mrs. Alicia DeDiego		Department of Mental Health		X		X
Mrs. María L. Guerra		Community Leader		X		X
Mrs. Awilda Nido		Drug Control Committee		X		X

*Denotes Present State Coordinators for the 1971-72 Program Year

72

TABLE 1c. LIST OF CONSULTANTS STATES AND TERRITORIES REPORTED USING IN THE 1970-71 DRUG EDUCATION TRAINING PROGRAMS

STATE/TERRITORY Consultant's Name Occupation/Affiliation	Area of Discipline and/or Contribution to the State Team	Time Commitment to the 1970-71 State Drug Education Training Program Fulltime	Parttime	Temporary	Permanent to July 1971	Given Released Time	Paid by EPDA Funds
ARIZONA (All Three Are Affiliated with the Arizona State Department of Education)							
Jerry Zimmerman	Instructor	X			X		X
Peggy Burge	Resource Coordinator	X			X		X
Frank Williams	Health Consultant	X			X		X
ARKANSAS							
Dr. James Dusenberry Professor and Chairman of the Department of Pharmacognosy, School of Pharmacy University of Arkansas, Medical Center, Little Rock	Pharmacognosy Consultant				X		
DELAWARE							
Mr. Alfred Linch, Attorney	Legal Consultant		X				X
Mrs. Mary Louise Anderson, Pharmacologist	Pharmacology Consultant		X				X
Dr. Gerald Edwards, Director, Adelphi NTC	Dynamics Consultant		X				X
Dr. Sidney Schnoll, Physician	Rehabilitation Consultant		X				X
DISTRICT OF COLUMBIA	(Lecturers)						
Dr. Helen Nowlis, NAC Chairman	Scope of the Drug Problem					X (Volunteer)	
Honorable Harry T. Alexander, Judge	Legal Aspects					X (Volunteer)	
Mr. Virgil Keels, Ex-Drug User and Representative of National Coordinating Council for Drug Abuse Education and Information	Sociological Aspects						X
Dr. Victor Cohn, Pharmacologist	Pharmacological Aspects						X
Dr. William Polk, NIH Psychiatrist	Psychological Aspects					X (Volunteer)	
Honorable John D. Fauntleroy, Judge	Legal Aspects					X (Volunteer)	
Lorton Prison "Inner Voices", Inmates	Vignettes of the Drug Subculture						X
GEORGIA (All six are affiliated with the Georgia State Department of Education)							
Rendal Stalvey	Health Education Consultant	X			X	X	
Dallas Stewart	Science Consultant		X		X	X	
George Sturgis	Science Consultant		X		X	X	
Bill Carmichael	Science Consultant		X		X	X	
Madie Kincy	Social Science Consultant		X		X	X	
Stanley Bergquist	Social Science Consultant		X		X	X	
HAWAII							
Robert Fisher, M. D., State Department of Health and Governor's Task Force	Psycho/Social Aspects Consultant		X			X (Volunteer)	
Louis Casarett, Ph. D., State University System and Governor's Task Force	Toxicology/Pharmacology Consultant		X			X (Volunteer)	

TABLE 1c. LIST OF CONSULTANTS STATES AND TERRITORIES REPORTED USING IN THE 1970-71 DRUG EDUCATION TRAINING PROGRAMS

STATE/TERRITORY Consultant's Name Occupation/Affiliation	Area of Discipline and/or Contribution to the State Team	Time Commitment to the 1970-71 State Drug Education Training Program					
		Fulltime	Parttime	Temporary	Permanent to July 1971	Given Released Time	Paid by EPDA Funds
MARYLAND							
Dr. Lorraine Hunt, Drug Control Committee	Drug Abuse Authority Representative		X		X	X	
Mr. John Heck, High School Coordinator	Regional Planning Representative					X	
Mr. Sam Walker " " "	" " "					X	
Mr. Gerald Holmes " " "	" " "					X	
Mrs. Dorothy Nowak " " "	" " "					X	
MASSACHUSETTS							
Richard D'Aveni, High School Student	Consultant to the Training Team		X		X		X
R. Stuart Fuller, Supervisor, Bureau of Civic Education, State Department of Education	" " " " "		X		X		X
Cynthia Reum, High School Student	" " " " "		X		X		X
Linda Weinstein, High School Student	" " " " "		X		X		X
NEBRASKA (All State Level Resource People)							
Dr. Thomas P. Colgate	Trainer		X				X
Dr. Bert Speece	"		X				X
Mr. Dick Myers	"		X				X
Dr. Willis Moreland	"		X				X
Dr. Peter Wirtz	"		X				X
Dr. Russ Brown	"		X				X
Mr. Dave Schaffer	"		X				X
Dr. James O'Hanlon, NTC personnel	"		X				X
Mr. Stan Olson	Consultant		X				X
Mrs. Mary Hartung	"		X				X
Dr. David Bentel	"		X			X (Volunteer)	
Dr. David Smith, NTC personnel, NAC member	"		X			X (Volunteer)	
Dr. Alan Matzgar, NTC personnel	"		X			X (Volunteer)	
NEVADA							
Tom Carrigan, Department of Narcotics and Dangerous Drugs	Training Program Moderator					X (Volunteer)	
Vern Calhoun (same)	" " "					X (Volunteer)	
Bob Gray, Ex-Drug Addict	Group Dynamics Leader		X				X
Bob Galli, City Law Enforcement Personnel	Outside Resource Person					X (Volunteer)	
NEW HAMPSHIRE							
Alan Symons, High School Guidance Counselor	Special Education Consultant		X	X			X
Roy Hollis, High School Teacher	" " "		X	X			X
Daniel Worcester, Pupil Support Personnel	Evaluator		X	X			X
Jerry Paquin, Young Adult Working with Youth	"		X	X			X
Michael Peres, Drop-in Center Worker	Rehabilitation Consultant		X	X			X
James Marmar, Pharmacist	Pharmacology Consultant		X	X		X (Volunteer)	
Charles Ashley, College Instructor	Communication Consultant		X	X			X
Ronald Snow, Attorney	Legal Aspects Consultant		X	X		X (Volunteer)	
Bert Hardy, Student Service Personnel	Social Aspects Consultant		X	X			X

TABLE 1c. LIST OF CONSULTANTS STATES AND TERRITORIES REPORTED USING IN THE 1970-71 DRUG EDUCATION TRAINING PROGRAM

STATE/TERRITORY Consultant's Name Occupation/Affiliation	Area of Discipline and/or Contribution to the State Team	Time Commitment to the 1970-71 State Drug Education Training Program					
		Fulltime	Parttime	Temporary	Permanent to July 1971	Given Released Time	Paid by EPDA Funds
NEW HAMPSHIRE (Cont'd.)							
James Johnson, College Administrator	Youth Culture Consultant		X	X			X
Carole Lueha, High School Teacher	Education Consultant		X	X			X
Mrs. Frederick McCabe, Elementary Teacher	Education Consultant		X	X			X
Steven North, High School Teacher	Education Consultant		X	X			X
Paul Quimby, High School Teacher	Education Consultant		X	X			X
Robert Ross, High School Administrator	Education Consultant		X	X			X
James Georges, Young Adult Working with Youth	Youth Culture Consultant		X	X			X
Cynthia Mulhern, Young Adult Working with Youth	Youth Consultant		X	X			X
Mary Jane Brady, Young Adult Working with Youth	Youth Consultant		X	X			X
Arthur Handy III, Current Drug User	Youth Consultant		X	X			X
John Clark, Ex-Drug User	Youth Consultant		X	X			X
Mark Secore, Young Adult Working with Youth	Youth Consultant		X	X			X
Jill McLerran, Current Drug User	Youth Consultant		X	X			X
Arthus Brady, Community Organizer	Community Organization Consultant		X	X			X
NEW YORK							
Thomas O'Connor	Consultant		X	X			X
OKLAHOMA							
Dr. Ed Biggerstaff, College Administrator	Education Lecturer		X				X
Dr. Homer Timmons, College Instructor	Pharmacology Lecturer		X				X
Gerald Martin, College Graduate Student	Pharmacology Lecturer		X				X
Ron Stevens, College Graduate Student	Pharmacology Lecturer		X				X
Dr. Bob Mangum, College Graduate Student	Psychology Lecturer		X				X
Dr. James Seals, College Graduate Student	Sociology Lecturer		X				X
Mr. Robert Yaden, College Graduate Student	Legal Aspects Lecturer		X				X
RHODE ISLAND							
Dorothy Tierney, Drug Treatment Center Worker and Parent	Discussion Leader		X		X	X (Volunteer)	
Leo Trombley, Drug Treatment Center Worker and Ex-Drug Addict	Discussion Leader		X	X			X
Raymond Palmer, State Department Health	Discussion Leader		X	X			X
Fred Taylor, State Department Health	Discussion Leader		X	X			X
SOUTH CAROLINA	(Lecturers)						
Dr. Harry S. Williams, Pharmacologist	Pharmacological Aspects						X
Dr. George Orvin, Psychiatrist	Sociological Aspects						X
Dr. Peter Mairston, Surgeon	Physiological Aspects						X
Mr. James Hicklin, Probation Officer	Legal Aspects						X
Dr. Benjamin O. Stands, Physician and State Inter-Agency Coordinating Council	Treatment Needs						X
Dr. L. D. Milne, Pharmacist	Pharmacological Aspects						X
Dr. Edward Camp, Psychiatrist	Physiological Aspects						X
Laniel Chapman, Attorney	Legal Aspects					X (Volunteer)	

TABLE 1c. LIST OF CONSULTANTS STATES AND TERRITORIES REPORTED USING IN THE 1970-71 DRUG EDUCATION TRAINING PROGRAM

STATE/TERRITORY Consultant's Name Occupation/Affiliation	Area of Discipline and/or Contribution to the State Team	Time Commitment to the 1970-71 State Drug Education Training Program					
		Fulltime	Parttime	Temporary	Permanent to July 1971	Given Released Time	Paid by EPDA Funds
SOUTH CAROLINA (Cont'd.)							
M. R. Newton, Psychologist	Sociological Aspects						X
Dr. John Buckman, Psychiatrist/Pharmacologist	Causes and Pharmacological Aspects						X
Dr. William C. Marett, Psychologist	Physiological Aspects					X (Volunteer)	
Carl Reasonover, Governor's Coordinating Council	Legal Aspects					X (Volunteer)	
TENNESSEE							
Dr. Kenneth Blum, NTC Personnel	Pharmacological Aspects						X
Dr. Charles Proctor, College Administrator	Pharmacological and Sociological Aspects						X
Dr. Jack Arters, College Instructor	Sociological Aspects					X (Volunteer)	
Dr. Joe Sakas, College Instructor	Sociological Aspects					X (Volunteer)	
Dr. Seldon Feurt, College Administrator	Pharmacological Aspects						X
Dr. James Eoff, College Administrator and College Instructor	Pharmacological Aspects						X
Dr. Bill Wallace, College Instructor	Sociological Aspects						X
Mr. Randell Tyree, Attorney General's Office	Legal Aspects		X			X (Volunteer)	
VIRGINIA							
*James H. Davis, Department of Education	Coordinator of Drug Education	X					X
*Del Moser, Department of Education	Assistant Supervisor of Health and Physical Education					X (Volunteer)	
Dale Robertson, Department of Education	Assistant Supervisor of Secondary Education					X (Volunteer)	
Miles Mathews, Governor's Office of Drug Abuse/Education	Representative of Governor's Council					X (Volunteer)	
Gale King, College Undergraduate	Student					X (Volunteer)	
*Also, these two individuals were listed as training team members and administrative staff							
PUERTO RICO							
Dr. Jose H. Rodriguez, Psychologist	Psychological Aspects		X				X
Dr. Enrique Rivera, Psychiatrist	Psychological Aspects			X		X (Volunteer)	
Dr. Miguel A. Garcia, Psychiatrist	Psychological Aspects			X		X (Volunteer)	
Dr. Rosa C. Marin, Social Worker and College Instructor	Social Aspects			X		X (Volunteer)	
Judge Daniel Lopez	Legal Aspects			X		X (Volunteer)	
Mrs. Iraida Martin, Pharmacologist and College Instructor	Pharmacological Aspects			X		X (Volunteer)	
Five Ex-Addicts	Sociological Aspects					X (Volunteer)	
Six High School Students	Normal Adolescence					X (Volunteer)	
Dr. Curtis Mial, Psychologist	Group Process		X				X
Mrs. Dorothy Mial, Psychologist	Group Process		X				X

TABLE 14. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE TERRITORY	DESCRIPTION
ALABAMA	ALL STATE TEAM MEMBERS ARE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION. THREE TEAM MEMBERS ARE IN THEIR MID-20's; HOWEVER, NO "YOUTH" SERVE AS TRAINING TEAM MEMBERS. A COLLEGE FRESHMAN DID ATTEND THE INITIAL WORKING CONFERENCE HELD IN CHICAGO IN APRIL 1970 AND SUBSEQUENTLY PARTICIPATED IN ALL PLANNING SESSIONS TO DEVELOP ALABAMA'S STATE PROPOSAL. A STATE INTERAGENCY COUNCIL WAS ORGANIZED IN JULY 1970 TO COORDINATE ALL STATE AGENCY ACTIVITIES RELATING TO DRUG ABUSE. TWO OF THE TEAM MEMBERS WERE GIVEN RELEASED TIME BY THE DEPARTMENT OF EDUCATION TO DEVOTE ONE THIRD OF THEIR TIME TO TRAINING -- THIS DEVELOPED INTO FULLTIME WORK FOR THE SCHOOL YEAR. THE SIX TEAM MEMBERS DIVIDED INTO THREE REGIONAL TEAMS; TWO OF THESE TEAMS WERE GIVEN FREE OFFICE SPACE. INTERAGENCY COOPERATION WAS EVIDENCED BY THE ALCOHOLIC BEVERAGE CONTROL BOARD'S TEMPERANCE EDUCATION SECTION'S RELEASE OF TWO EMPLOYEES TO SUPPLEMENT THE EDUCATIONAL EFFORTS OF THE STATE TEAM.
ALASKA	STATE TEAM MEMBERS' BACKGROUNDS WERE: TWO STATE DEPARTMENT OF EDUCATION EMPLOYEES -- ONE, THE DRUG ABUSE EDUCATION CONSULTANT; THE OTHER, A SECRETARY TO THE DEPARTMENT AND A COLLEGE STUDENT; ONE PRISON CAMP EDUCATION INSTRUCTOR RELEASED FROM THE DEPARTMENT OF HEALTH AND WELFARE; ONE HIGH SCHOOL VICE PRINCIPAL AND ONE HIGH SCHOOL DEAN OF GIRLS. STATE COMMITMENT WAS SHOWN BY FURNISHING THE SALARIES OF THE EDUCATION AND HEALTH AND WELFARE EMPLOYEES.
ARIZONA	OF THE 12 PERSONS AFFILIATED WITH THE STATE LEADERSHIP TEAM (3 OF WHOM WERE OUTSIDE CONSULTANTS): 8 ARE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION AND 4 ARE REGULAR EMPLOYEES OF THE DEPARTMENT OF PUBLIC SAFETY'S NARCOTICS DIVISION. STATE COMMITMENT WAS DEMONSTRATED BY THE STATE LEGISLATURE'S APPROPRIATION OF $282,000 FOR THE FIRST YEAR OF THE PROGRAM, AND THE NARCOTICS DIVISION'S FURNISHING THEIR FOUR EMPLOYEES FULLTIME FOR ONE YEAR.
ARKANSAS	STATE TEAM MEMBERS' BACKGROUNDS WERE: 2 STATE DEPARTMENT OF EDUCATION EMPLOYEES, 3 GOVERNOR'S OFFICE OF DRUG EDUCATION EMPLOYEES, 1 STATE DEPARTMENT OF HEALTH EMPLOYEE, 1 STATE TROOPER; AND 1 RECENT HIGH SCHOOL GRADUATE. THE DIRECTOR HAD OTHER RESPONSIBILITIES BUT WAS INVOLVED ALMOST FULLTIME IN THE 10 REGIONAL TRAINING PROGRAMS. THREE STATE AGENCIES CONTRIBUTED PERSONNEL TO THE STATE TEAM AND PLEDGED THEIR COOPERATION IN THE PROGRAM.
CALIFORNIA	OF THE 5 STATE TEAM MEMBERS, 3 ARE EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION; 1 IS THE COORDINATOR OF THE STATE OFFICE OF NARCOTICS AND DRUG ABUSE COORDINATION, AND 1 IS CHIEF OF THE BUREAU OF HEALTH EDUCATION, DEPARTMENT OF PUBLIC HEALTH. NO YOUTH WERE MEMBERS OF THE STATE TEAM, HOWEVER, ALL TEAMS FROM THE REGIONAL LEVEL ON DOWN REFLECT YOUTH INVOLVEMENT, ETHNIC REPRESENTATION AND COMMUNITY AND PROFESSIONAL REPRESENTATION. THE MEMBERS OF REGIONAL AND SUB-REGIONAL TEAMS WERE SELECTED ON THE BASIS THAT THEY WERE ALREADY KNOWLEDGEABLE IN DRUG EDUCATION AND HAD ONE PARTICULAR STRENGTH TO CONTRIBUTE TO THE TEAM. SIX REGIONS CONDUCTED DIFFERENT TYPES OF PROGRAMS, THUS PROVIDING A LABORATORY FOR STATE EVALUATION OF FEASIBILITY AND EFFECTIVENESS. THE PROGRAM DIRECTOR COMMITTED ALMOST FULLTIME TO THE PROJECT WITH 40 OF HIS SALARY CONTRIBUTED BY THE DEPARTMENT OF EDUCATION AND THE DEPARTMENT'S CONSULTANT IN HEALTH EDUCATION CONTRIBUTED APPROXIMATELY 60 OF HER TIME AND WAS REIMBURSED ONLY FOR TRAVEL EXPENSES.
COLORADO	TWO OF THE STATE TEAM MEMBERS -- THE PROJECT DIRECTOR AND THE YOUTH MEMBER -- ARE EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION. 3 ARE EMPLOYEES OF THE COLORADO DEPARTMENT OF HEALTH, AND 1 IS A DRUG COUNSELOR FOR A COUNTY DEPARTMENT OF HEALTH. THE DIRECTOR WORKS WITH THE INTERDEPARTMENTAL COMMITTEE ON DRUG EDUCATION. THE HEALTH DEPARTMENT CONTRIBUTED THE SALARIES OF THEIR TEAM REPRESENTATIVES AS WELL AS HALF THE COST OF THE STATE EVALUATION. THE YOUTH MEMBER ATTENDED THE NATIONAL TRAINING CENTER ALONG WITH THE BALANCE OF THE TEAM; SHE HELPED PLAN THE COLORADO PROGRAM; SHE ORGANIZED A YOUTH CULTURE PRESENTATION FOR THE TRAINING WORKSHOPS, AND SHE WORKED WITH THE DIRECTOR FULLTIME UNTIL JANUARY 1971.
CONNECTICUT	THIS STATE DID NOT REPLICATE THE MODEL SET FORTH IN THE OE GUIDELINES, I.E., SELECTING A STATE TEAM TO TRAIN OTHER TEAMS VIA THE 'MULTIPLIER EFFECT' PROCESS. INSTEAD CONNECTICUT ALLOCATED MINI-GRANTS TO LOCAL SCHOOL DISTRICTS TO DEFRAY THE COST OF SENDING TEAMS OF STUDENTS, TEACHERS AND COMMUNITY REPRESENTATIVES TO ONE OF FIVE TRAINING CENTERS ESTABLISHED AROUND THE STATE AT 1) SOUTHERN CONNECTICUT STATE COLLEGE (summers only), 2) YALE (year-round), 3) BRIDGEPORT, 4) HARTFORD, AND 5) CONNECTICUT AT STORRS (all 3 periodically). THE RATIONALE FOR THIS TRAINING MODEL WAS THAT IT WOULD INSTITUTIONALIZE CHANGE BY INCORPORATING DRUG EDUCATION INTO ON-GOING EDUCATIONAL COURSES OFFERED AT THESE FIVE COLLEGES AND UNIVERSITIES.
DELAWARE	THE SEVEN-MEMBER STATE TEAM WAS COMPOSED OF 1 SUPERVISOR WITH THE STATE DEPARTMENT OF PUBLIC INSTRUCTION, 1 DRUG EDUCATION COORDINATOR FROM THE STATE DRUG CONTROL COMMITTEE, 2 HIGH SCHOOL STUDENTS, 1 SCHOOL DISTRICT SUPERVISOR, 1 ASSISTANT PRINCIPAL AND 1 GUIDANCE COUNSELOR. THE DELAWARE GENERAL ASSEMBLY MATCHED THE FEDERAL $40,000 EPDA GRANT. INTERAGENCY COOPERATION WAS EVIDENCED BY THE STATE DRUG COORDINATOR FROM THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES WORKING COOPERATIVELY WITH THE DRUG EDUCATION COORDINATOR FROM THE DEPARTMENT OF PUBLIC INSTRUCTION. ALSO, THE STATE POLICE DRUG DETECTION SECTION COOPERATE WITH EDUCATIONAL PERSONNEL IN DEVELOPING A BETTER UNDERSTANDING OF THE DRUG SITUATION.
DISTRICT OF COLUMBIA	D. C.'s STATE TEAM WAS MADE UP OF 2 ELEMENTARY SCHOOL PEOPLE (ONE, A TEACHER, THE OTHER A SCHOOL COORDINATOR), 1 JUNIOR HIGH SCHOOL ASSISTANT PRINCIPAL, 1 VOCATIONAL SCHOOL ADMINISTRATOR, 1 COLLEGE INSTRUCTOR, 1 REPRESENTATIVE OF THE NATIONAL COORDINATING COUNCIL FOR DRUG ABUSE EDUCATION AND INFORMATION, AND 1 REPRESENTATIVE OF THE U. S. OFFICE OF EDUCATION, NATIONAL DRUG EDUCATION TRAINING PROGRAM OFFICE. IN TRAINING ONE MEMBER OF EACH OF THE 161 DISTRICT SCHOOLS' BUILDING SAFETY COMMITTEE WAS A PARTICIPANT. THESE REPRESENTATIVES WERE CHARGED WITH THE RESPONSIBILITY OF ORGANIZING TEAMS WITHIN THEIR RESPECTIVE SCHOOLS. USE OF LOCAL RESOURCES WAS EVIDENCED.

TABLE 1d. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE/TERRITORY	DESCRIPTION
FLORIDA	THE 10-MEMBER STATE TEAM WERE COMPOSED OF: 1 INSERVICE EDUCATION COORDINATOR, 1 SCIENCE EDUCATION COORDINATOR, 1 SUPERVISOR HEALTH EDUCATION, 1 CONSULTANT IN HEALTH EDUCATION, AND 1 TEACHER/SPECIALIST IN HEALTH EDUCATION -- ALL OF THE COUNTY SCHOOL SYSTEMS, PLUS 1 ELEMENTARY TEACHER, 1 HIGH SCHOOL STUDENT, 1 HIGH SCHOOL TEACHER, AND 1 TV PROGRAM MANAGER FROM A JUNIOR COLLEGE -- IN ADDITION TO THE STATE COORDINATOR FROM THE STATE DEPARTMENT OF EDUCATION. THE YOUTH ON THE TEAM PARTICIPATED IN THE NATIONAL TRAINING CENTER ALONG WITH THE OTHER 9 MEMBERS. HE ALSO TOOK AN ACTIVE PART IN PLANNING THE INITIAL STATE TRAINING SESSION WHICH INCLUDED A PANEL OF STUDENTS' VIEWS. FOURTEEN STATE AGENCIES AND PRIVATE GROUPS PARTICIPATED AS A RESOURCE COMMITTEE TO THE STATE TEAM TO OFFER MATERIALS, CONSULTANTS AND PARTICIPANTS.
GEORGIA	GEORGIA DID NOT HAVE A STATE LEVEL TRAINING TEAM PER SE. INSTEAD THEY LISTED 6 DEPARTMENT OF EDUCATION CONSULTANTS IN ADDITION TO THE STATE COORDINATOR WHO WERE GIVEN "RELEASED TIME" TO ADVISE AND ASSIST IN THE 8-DAY LEADERSHIP WORKSHOP WHICH TRAINED 15 UNIVERSITY INSTRUCTORS FROM VARIOUS INSTITUTIONS AROUND THE STATE. REGIONAL TRAINING CONSISTED OF 40 HOURS AND RESULTED IN 5 CREDIT HOURS TO PARTICIPANTS. YOUNG PEOPLE WERE INVOLVED IN THE PLANNING OF THE PROPOSAL AND IN THE LEADERSHIP WORKSHOP AS 1) A MEMBER ON THE ADVISORY COUNCIL, 2) PART OF THE LEADERSHIP CONFERENCE, AND 3) AS PANELISTS DISCUSSING THE WAYS YOUTH SHOULD BE INVOLVED IN DRUG EDUCATION AND THE RELATIONSHIP OF YOUTH AND THE DRUG CULTURE. THE GOVERNOR GRANTED $10,000 TO A YOUTH PROPOSAL FOR "PROJECT SPEED". A HIGH DEGREE OF INTERAGENCY COOPERATION WAS EVIDENCED BY SEVERAL INSTANCES OF STATE AGENCY AND/OR CLUBS AND ORGANIZATIONS PARTICIPATING IN THE STATE PROGRAM.
HAWAII	THE STATE TEAM WAS MADE UP OF 1 STATE DEPARTMENT OF EDUCATION MEMBER, 2 EMPLOYEES OF THE DEPARTMENT OF HEALTH, AND 1 REPRESENTATIVE OF THE STATE UNIVERSITY SYSTEM, PLUS 2 YOUTH REPRESENTATIVES WHO ARE EX-ADDICTS, AND 1 COLLEGE STUDENT. THE YOUTHS PARTICIPATED IN ALL WORKSHOPS AFFORDING TEACHERS AN OPPORTUNITY TO RAP WITH THEM ABOUT THE HAWAII DRUG USE SITUATION, BARRIERS AND FACILITATORS OF COMMUNICATION AND VIEWS OF EFFECTIVE AND INEFFECTIVE HEALTH EDUCATION PROGRAMS. (TEACHERS REPORTED THIS DIRECT FACE-TO-FACE COMMUNICATION ONE OF THE MOST MEANINGFUL ASPECTS OF THE PROGRAM.) INTERAGENCY COOPERATION WAS OBTAINED FROM UNIVERSITY MEDICAL SCHOOL PROFESSORS WHO AIDED IN THE PLANNING AND EXECUTION OF PHARMACOLOGY AND PSYCHIATRY ASPECTS OF THE PROGRAM. THERE WAS ALSO REPRESENTATION FROM MILITARY PERSONNEL, STATE, CITY AND COUNTY AND SOCIAL WELFARE ORGANIZATIONS.
IDAHO	THE STATE TEAM IS COMPOSED OF 1 TITLE I, ESEA, CONSULTANT, 1 EXECUTIVE DIRECTOR OF THE IDAHO CONSORTIUM FOR EDUCATIONAL PROFESSIONAL DEVELOPMENT; 1 SUPERVISING PSYCHOLOGIST FROM THE DEPARTMENT OF HEALTH, 1 ASSISTANT DEAN OF MEN, UNIVERSITY OF IDAHO, 1 COUNTY JUVENILE COURT COUNSELOR, 1 PUBLIC HEALTH ADMINISTRATOR (AND FORMER UNIVERSITY ASSISTANT PROFESSOR), 1 REGIONAL MENTAL HEALTH CENTER (PSYCHIATRIC SOCIAL) WORKER, AND 1 COLLEGE STUDENT/PHARMACY INTERN. YOUTH INVOLVEMENT WAS EVIDENCED BY A YOUTH/ADULT CONFERENCE LASTING 5 DAYS AND INCLUDING MINORITY YOUTH AND SCHOOL DROP-OUTS. THIS CONFERENCE LED TO THE SELECTION OF YOUTH TO PARTICIPATE AS REGIONAL TEAM MEMBERS. IN ADDITION TO THE $40,000 EPDA GRANT, THE LAW ENFORCEMENT PLANNING COMMISSION ADDED $17,500 PLUS ANOTHER $15,000 FOR A DRUG SURVEY.
ILLINOIS	THE 34-MEMBER STATE TEAM HAD THE FOLLOWING MAKE-UP: 3 STATE DEPARTMENT OF EDUCATION EMPLOYEES, 1 DEPARTMENT OF HEALTH, 1 DEPARTMENT OF MENTAL HEALTH, 1 FROM THE STATE UNIVERSITY SYSTEM, 1 COUNTY MENTAL HEALTH PROGRAM EMPLOYEE, 1 NURSE, 1 EX-DRUG ADDICT, 2 ELEMENTARY SCHOOL EMPLOYEES, 3 HIGH SCHOOL ADMINISTRATORS, 2 COORDINATORS, 8 TEACHERS, 4 STUDENTS, 3 GUIDANCE COUNSELORS, 1 SCHOOL NURSE, 1 JUNIOR COLLEGE LEVEL EMPLOYEE AND 1 COLLEGE LEVEL EMPLOYEE. THREE YOUTHS ATTENDED ONE OF THE NATIONAL TRAINING CENTERS AND A PORTION OF TIME IS DEVOTED TO YOUTH AT EACH OF THE STATE DRUG EDUCATION INSTITUTES.
INDIANA	THE 36-MEMBER STATE TEAM WAS WEIGHTED APPROXIMATELY TWO-THIRDS HIGH SCHOOL AND COLLEGE LEVEL PERSONNEL AND ONE THIRD COMMUNITY REPRESENTATIVES. SIX REGIONAL TEAMS OF SIX MEMBERS EACH CARRIED OUT TRAINING ON A MULTI-COUNTY LEVEL. YOUTH REPRESENTATION ON THE STATE TEAM CONSISTED OF ONE HIGH SCHOOL STUDENT, TWO COLLEGE STUDENTS AND ONE GRADUATE STUDENT. THEY PARTICIPATED IN DISCUSSION GROUPS AT THE TRAINING CENTER AND WERE CONSULTED AS TO PROGRAM CONTENT FOR THE REGIONAL WORKSHOPS. INTERAGENCY COOPERATION EXISTED WITH THE STATE BOARD OF HEALTH, THE INDIANA CHAPTER OF THE NAACP, AND THE STATE MENTAL HEALTH ASSOCIATION.
IOWA	THREE MEMBERS OF THE STATE TEAM WERE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION, 1 FROM THE DEPARTMENT OF HEALTH, 1 FROM THE DIVISION OF CURRICULUM, 2 PAROCHIAL SCHOOL TEACHERS AND 2 HIGH SCHOOL STUDENTS (1 WHITE SUBURBAN STUDENT AND 1 BLACK INNER CITY STUDENT). YOUTH INVOLVEMENT WAS A PREREQUISITE FOR EACH SCHOOL DISTRICT TEAM IN ORDER FOR THE TEAM TO BE COMPLETE, OTHERWISE, THE TEAM COULD NOT ATTEND THE WORKSHOP. INTERAGENCY COOPERATION WAS EVIDENCED BY STATE TEAM REPRESENTATION FROM THE OFFICE OF URBAN EDUCATION, DEPARTMENT OF HEALTH, DIVISION OF REHABILITATION EDUCATION AND SERVICES, TITLE II, AND THE IOWA STATE DEPARTMENT.
KANSAS	THE KANSAS STATE TEAM WAS COMPOSED OF 1 MEMBER FROM THE STATE DEPARTMENT OF EDUCATION, 1 GUIDANCE COUNSELOR, 1 TEACHER, 1 COLLEGE INSTRUCTOR, 1 PARENT AND 2 HIGH SCHOOL STUDENTS. YOUTH INVOLVEMENT WAS SPECIFIED AS ONE MALE AND ONE FEMALE ON EACH TEAM (REGIONAL TEAMS AS WELL AS STATE). THE TWO STATE TEAM YOUTH ATTENDED THE NATIONAL TRAINING CENTER AND SERVED AS MEMBERS OF THE STATE PLANNING COMMITTEE. INTERAGENCY COOPERATION EXISTED WITH THE STATE DEPARTMENT OF HEALTH, THE GOVERNOR'S COMMISSION, THE DEPARTMENT OF MENTAL HEALTH AND THE KANSAS PTA.
KENTUCKY	FOUR MEMBERS OF THE KENTUCKY STATE TEAM WERE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION, 1 WAS THE ASSISTANT CHIEF OF THE BUREAU OF NARCOTICS AND DANGEROUS DRUGS AND 1 WAS A STATE TROOPER. THREE OF THE DEPARTMENT OF EDUCATION MEMBERS WERE YOUTH CONSULTANTS -- TWO COLLEGE GRADUATES AND ONE HIGH SCHOOL GRADUATE. YOUTH INVOLVEMENT WAS REQUIRED ON THE LOCAL SCHOOL-COMMUNITY TEAMS AS WAS COMMUNITY REPRESENTATION. INTERAGENCY COOPERATION EXISTED WITH THE STATE DEPARTMENT OF PUBLIC SAFETY, THE STATE DEPARTMENT OF MENTAL HEALTH, THE STATE CRIME COMMISSION, CHILD WELFARE, THE DEPARTMENT OF ECONOMIC SECURITY, STATE AND PRIVATE COLLEGES AND UNIVERSITIES (WHO FURNISHED CONSULTANTS AND PHYSICAL FACILITIES) AND THE KENTUCKY STATE BOARD OF PHARMACY (WHICH GAVE CONSULTANT SERVICES).

TABLE 1d. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE TERRITORY	DESCRIPTION
LOUISIANA	FOUR OF THE 10-MEMBER STATE TEAM ARE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION, 1 IS A PHARMACOLOGIST, 1 IS A SOCIOLOGIST, 1 IS A PSYCHIATRIST, 1 IS AN ATTORNEY, 1 IS AN INVESTIGATOR FOR A DISTRICT ATTORNEY AND 1 IS AN EMPLOYEE OF A LOCAL COMMISSION ON ALCOHOL AND DANGEROUS DRUGS. IN LOUISIANA, DRUG EDUCATION WAS THE TOP PRIORITY FOR 1970-71. YOUTH WERE INVOLVED AS PLANNERS AND AS PART OF THE PROGRAMS PRESENTED AT THE LOCAL DISTRICT LEVEL. COOPERATION WITH OTHER AGENCIES EXISTED WITH THE SCHOOL OF PHARMACY AND THE SOCIOLOGY DEPARTMENT OF NORTHEASTERN AND NORTHWESTERN LOUISIANA UNIVERSITIES, RESPECTIVELY, THE SCHOOL OF PSYCHIATRY AT TULANE, THE COMMISSION ON ALCOHOL AND DANGEROUS DRUGS OF NEW ORLEANS, IN ADDITION TO THE ESTABLISHMENT OF A STATE ADVISORY BOARD. WORKSHOPS WERE CONDUCTED IN ALL PUBLIC SCHOOL FACILITIES.
MAINE	ONE MEMBER OF THE STATE TEAM WAS A REGULAR EMPLOYEE WITH THE STATE DEPARTMENT OF EDUCATION AND THE OTHER JOINED THE DEPARTMENT AFTER LEAVING A POSITION WITH THE SCHOOL SYSTEM IN HOULTON, MAINE. YOUTH INVOLVEMENT REQUIRED THAT TWO STUDENTS ALONG WITH TWO TEACHERS FROM EACH PARTICIPATING COMMUNITY UNDERGO INTENSIVE DRUG EDUCATION TRAINING. THE STUDENTS THEN WERE RESPONSIBLE FOR GATHERING A CROSS-SECTION OF THE STUDENT BODY TO PARTICIPATE IN THE LOCAL COMMUNITY DRUG EDUCATION PROGRAM. COORDINATION OF WORKSHOPS WITH THE DRUG ABUSE COMMITTEE, THE LAW PLANNING DIVISION AND THE NORTHERN MAINE REGIONAL PLANNING COMMISSION DEMONSTRATED THE STATE'S INTERAGENCY COOPERATION.
MARYLAND	OF THE 7-MEMBER TRAINING TEAM, 1 MEMBER WAS DISTRICT SUPERVISOR OF THE STATE DEPARTMENT OF JUVENILE SERVICES, 1 MEMBER WAS A CLINICAL PSYCHOLOGIST WITH THE BALTIMORE CITY SCHOOLS, 1 MEMBER WAS A STAFF SPECIALIST IN INSTRUCTIONAL TV WITH THE CENTER FOR PUBLIC BROADCASTING (DEPARTMENT OF EDUCATION), 1 MEMBER WAS A SUPERVISOR OF FILM SERVICES WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 1 WAS AN ASSISTANT PRINCIPAL FOR AN ELEMENTARY AND JUNIOR HIGH SCHOOL, AND 2 INDIVIDUALS WITH THE DEPARTMENT OF EDUCATION WERE LISTED AS AN ASSISTANT AND A TECHNICAL ASSISTANT WITH THE DRUG EDUCATION TRAINING PROGRAM. YOUTH INVOLVEMENT INCLUDED A HIGH SCHOOL STUDENT PARTICIPATING IN THE WORKING CONFERENCE HELD IN CHICAGO IN APRIL 1970, A HIGH SCHOOL STUDENT AND A COLLEGE GRADUATE STUDENT SERVING AS MEMBERS OF THE STATE COMMITTEE WHICH FORMULATED THE STATE PROPOSAL, TWO STUDENTS WHO SERVED AS MEMBERS ON THE STATE SELECTION COMMITTEE WHICH SELECTED THE STATE LEADERSHIP TEAM, AND TWO MEMBERS (1 A 1970 HIGH SCHOOL GRADUATE; THE OTHER A 1970 COLLEGE GRADUATE) WHO WERE EMPLOYED FULL TIME BY THE DEPARTMENT OF EDUCATION TO WORK EXCLUSIVELY WITH THE DRUG EDUCATION TRAINING PROGRAM DURING 1970-71. INTERAGENCY COOPERATION INVOLVED PARTICIPATION OF THE UNIVERSITY OF MARYLAND, MORGAN STATE COLLEGE, THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE DEPARTMENT OF JUVENILE SERVICES, THE MARYLAND DRUG ABUSE AUTHORITY, THE GOVERNOR'S COMMISSION ON LAW ENFORCEMENT AND THE ADMINISTRATION OF JUSTICE IN ROLES OF PROGRAM PLANNING, PROVIDING RESOURCE PERSONNEL AND MATERIALS, AND A COORDINATION OF EFFORT AND ACTIVITIES.
MASSACHUSETTS	ONE MEMBER OF THE STATE TEAM IS AN ATTORNEY AND EXECUTIVE DIRECTOR OF THE MASSACHUSETTS COMMITTEE FOR THE ADVANCEMENT OF CRIMINAL JUSTICE; ONE IS DRUG COORDINATOR FOR ST. JOHN'S HOSPITAL; ANOTHER IS SUPERVISOR FOR THE BUREAU OF CIVIC EDUCATION IN THE DEPARTMENT OF EDUCATION, ONE IS A COLLEGE PROFESSOR IN HEALTH EDUCATION, ANOTHER A COLLEGE PROFESSOR IN PHARMACOGNESY AND BOTANY, ONE IS THE DRUG EDUCATION COORDINATOR OF BOSTON, ONE IS AN ASSOCIATE SUPERINTENDENT OF FRAMINGHAM PUBLIC SCHOOLS; ANOTHER IS AN ASSOCIATE PROFESSOR AT TUFTS UNIVERSITY; ONE IS A PROFESSOR OF SECONDARY EDUCATION AT BOSTON STATE COLLEGE, ANOTHER IS DIRECTOR OF HEALTH EDUCATION IN BOSTON, ONE IS DIRECTOR OF PROJECT ACID (Adolescent Counseling In Drugs); TWO ARE HIGH SCHOOL STUDENTS AND ONE IS A COLLEGE GRADUATE STUDENT AND A MEMBER OF THE NATIONAL ACTION COMMITTEE OF THE NDETP.
MICHIGAN	THE STATE TRAINING TEAM IS COMPOSED OF A DETROIT ELEMENTARY SCHOOL COORDINATOR, A 6TH GRADE TEACHER, A HIGH SCHOOL ENGLISH TEACHER AND SENIOR ADVISOR, A JUNIOR HIGH SCIENCE TEACHER, A SCHOOL SOCIAL WORKER, A DETROIT ELEMENTARY HEALTH AND PHYSICAL EDUCATION TEACHER, A MIDDLE SCHOOL SCIENCE TEACHER, A HIGH SCHOOL SOCIAL STUDIES AND GUIDANCE COUNSELOR, A SENIOR COUNSELOR, A CONSULTANT FOR THE DEPARTMENT OF HEALTH, AND THE COORDINATOR-ASSISTANT TO THE SUPERINTENDENT OF THE STATE DEPARTMENT OF EDUCATION. NO YOUTH INVOLVEMENT WAS EVIDENCED IN THE MAKE-UP OF THE STATE TEAM, HOWEVER, ALL REGIONAL CONFERENCE PLANNING BODIES ARE REQUIRED TO HAVE STUDENT PARTICIPANTS IN THE PLANNING AND IN THE CONDUCT OF THE IN-SERVICE PROGRAM. HALF OF THE MEMBERSHIP OF THE STATEWIDE ADVISORY COUNCIL ON NARCOTICS AND DRUG ABUSE EDUCATION IS MADE UP OF STUDENTS. AND ALL TRAINING PROJECTS FUNDED BY THE STATE DEPARTMENT OF EDUCATION REQUIRE THE USE OF STUDENT SPEAKERS, PANELS AND DISCUSSION GROUPS TO REFLECT THE STUDENT VIEW AS AN ADJUNCT TO THE TEACHER EDUCATION PROCESS. INTERAGENCY COOPERATION EXISTS WITH THE GOVERNOR'S OFFICE ON DRUG ABUSE, THE DEPARTMENT OF HEALTH, THE DEPARTMENT OF MENTAL HEALTH, THE STATE POLICE AND THE A G's OFFICE, AND THE STATE CORRECTIONS DEPARTMENT AND VOCATIONAL REHABILITATION.
MINNESOTA	THE STATE TEAM CONSISTS OF TWO HIGH SCHOOL COORDINATORS AND ONE HIGH SCHOOL ADMINISTRATOR SERVING AS THE THREE DEMONSTRATION CENTER DIRECTORS (IN DULUTH, STILLWATER AND WILLMAR), AND THE STATE COORDINATOR WHO IS A REGULAR EMPLOYEE OF THE STATE DEPARTMENT OF EDUCATION. A STATE ACTION COMMITTEE WILL INVOLVE REPRESENTATIVES FROM ALL THREE CENTERS. STUDENTS FROM EACH CENTER WILL BE ON THE COMMITTEE REPRESENTING GRADES 7-8, 9-10 AND 11-12. THE ACTION COMMITTEE WILL HELP DETERMINE STATE AND LOCAL EFFORTS. INTERAGENCY COOPERATION EXISTS WITH THE GOVERNOR'S OFFICE, THE STATE DEPARTMENTS OF HEALTH AND PUBLIC WELFARE, AS WELL AS INSERVICE EDUCATION PROGRAMS AT THE STATE AND LOCAL LEVELS.
MISSISSIPPI	THE MISSISSIPPI STATE TEAM IS COMPOSED OF THE SUPERVISOR OF ALCOHOL AND NARCOTICS EDUCATION, THE SUPERVISOR OF DRIVER EDUCATION, AND THE SUPERVISOR OF SCHOOL HEALTH NURSES -- ALL OF THE STATE DEPARTMENT OF EDUCATION, PLUS, 4 COLLEGE STUDENTS, A JUNIOR COLLEGE ADMINISTRATOR, A HIGHWAY PATROLMAN,AN EMPLOYEE OF THE DEPARTMENT OF NARCOTICS AND DANGEROUS DRUGS AND TWO EMPLOYEES OF THE DEPARTMENT OF MENTAL HEALTH. YOUTH INVOLVEMENT IS DEMONSTRATED BY INSISTING THAT JUNIOR HIGH AND HIGH SCHOOL STUDENTS ATTEND THE WORKSHOPS AS WELL AS HAVING STUDENT PANELS AND INTERACTION BETWEEN TEACHERS/ADULTS AND STUDENTS. INTERAGENCY COOPERATION EXISTS WITH THE UNIVERSITY OF MISSISSIPPI (PROVIDING CONSULTIVE SERVICES), THE LEA (WHICH FUNDED A WORKSHOP FOR ADMINISTRATORS AND COUNSELORS ON DRUGS), THE MISSISSIPPI HIGHWAY PATROL, THE MISSISSIPPI JUNIOR COLLEGE ASSOCIATION (PROVIDING FACILITIES FOR THE WORKSHOPS STATEWIDE), AND THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

TABLE Id. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE LEVEL

STATE TERRITORY	DESCRIPTION
MISSOURI	THE MEMBERS OF THE STATE TEAM WERE: A COLLEGE PROFESSOR IN CHEMISTRY, A SCHOOL DISTRICT GUIDANCE COORDINATOR, A GUIDANCE AND PERSONNEL COLLEGE PROFESSOR, A DIRECTOR OF NURSING EDUCATION AT LINCOLN UNIVERSITY, A COLLEGE PROFESSOR IN EDUCATION, A DIRECTOR OF EXTENSION SERVICES FOR SOUTHWEST MISSOURI STATE COLLEGE, A MISSOURI WESTERN COLLEGE STUDENT, AND THE FOLLOWING PUBLIC SCHOOL PERSONNEL: TWO SCIENCE TEACHERS, A SPECIAL EDUCATION TEACHER, A COUNSELOR, A PARA-PROFESSIONAL, A HEALTH EDUCATION TEACHER, AND AN ADULT EDUCATION TEACHER AS WELL AS THE TEAM LEADER WHO IS REGULARLY EMPLOYED WITH THE STATE DEPARTMENT OF EDUCATION. YOUTH WERE TO BE INVOLVED ON THE STATE ADVISORY COMMITTEE AND IN TRAINING SESSIONS FOR TEACHERS. THE DIVISION OF MENTAL HEALTH GAVE FULL SUPPORT TO THE STATE DRUG EDUCATION TRAINING PROGRAM AS DID THE LAW ENFORCEMENT AGENCY.
MONTANA	THE STATE TEAM WAS COMPOSED OF A HOUSEWIFE AND RECENT COLLEGE GRADUATE, A DETECTIVE FROM GREAT FALLS, A JUVENILE OFFICER, COUNSELOR AND TEACHER, A YOUTH COUNSELOR AND A HIGH SCHOOL GUIDANCE COUNSELOR, PLUS THE TEAM LEADER WHO IS A REGULAR EMPLOYEE OF THE OFFICE OF PUBLIC INSTRUCTION. AN ADVISORY COUNCIL OF NINE MEMBERS WAS ESTABLISHED FOR THE STATE DRUG EDUCATION TRAINING PROGRAM. MEMBERSHIP ON THIS COUNCIL REPRESENTS THOSE AGENCIES AND INSTITUTIONS WHICH THROUGH THEIR ACTIVITIES HAVE EXPRESSED CONCERN FOR DRUG EDUCATION. ONE-THIRD OF THE MEMBERSHIP IS COMPOSED OF HIGH SCHOOL AND COLLEGE AGE YOUTH WHO ADVISE THE OFFICE OF THE STATE SUPERINTENDENT ON THE CONDUCT OF THE TRAINING. THOSE AGENCIES SUPPORTING THE PROGRAM INCLUDE: THE ALCOHOL AND DRUG DEPENDENCE COMMISSION, THE GOVERNOR'S CRIME CONTROL COMMISSION, THE COLLEGE OF PHARMACY, UNIVERSITY OF MONTANA, THE STATE DEPARTMENT OF HEALTH AND THE DIVISION OF MENTAL HYGIENE, DEPARTMENT OF INSTITUTIONS.
NEBRASKA	TWO OF THE MEMBERS OF THE NEBRASKA STATE TEAM ARE REGULAR EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION, ONE IS A HOUSEWIFE, AND TWO ARE HIGH SCHOOL STUDENTS. IN ADDITION, 13 PEOPLE SERVE AS STATE LEVEL RESOURCE PERSONS TO THE TEAM'S EFFORTS. THE TWO HIGH SCHOOL STUDENT TEAM MEMBERS ATTENDED THE SFSC NATIONAL TRAINING CENTER ALONG WITH THE OTHER THREE TEAM MEMBERS. THEY WERE INVOLVED IN ALL PLANNING SESSIONS AND GIVEN RELEASED TIME TO PARTICIPATE IN THE STATE LEVEL TRAINING WORKSHOPS. INTERAGENCY COOPERATION SEEMED TO BE DISAPPOINTING IN THAT ONLY THE GOVERNOR'S COMMISSION ON DRUG ABUSE AND THE DRUG BRANCH OF THE STATE SAFETY PATROL HAD MET WITH THE STATE LEADERSHIP TEAM.
NEVADA	THE STATE TEAM WAS COMPOSED OF A CONSULTANT IN HEALTH, PHYSICAL EDUCATION AND RECREATION, TWO TEACHERS, A HIGH SCHOOL ADMINISTRATOR AND A COLLEGE STUDENT. BESIDES THE COLLEGE STUDENT WHO WAS A STATE TEAM MEMBER, YOUTH WERE TO BE USED PRIMARILY IN THE SCHOOL DISTRICT WORKSHOPS IN THE CAPACITY OF EVALUATIVE FEEDBACK (EITHER POSITIVE OR NEGATIVE) TO HELP IMPROVE THE TRAINING MODEL. INTERAGENCY COOPERATION WAS OFFERED BY THE DANGEROUS DRUGS DIVISION, SHERIFF'S DEPARTMENTS, LOCAL POLICE DEPARTMENTS, THE UNIVERSITY OF NEVADA (RENO AND LAS VEGAS CAMPUSES).
NEW HAMPSHIRE	THE STATE TEAM HAD A CONSULTANT TO THE STATE DEPARTMENT OF EDUCATION AND FORMER ASSISTANT H.P.E.R. PROFESSOR AT THE UNIVERSITY OF MAINE (PRESQUE ISLE), A COLLEGE STUDENT SERVICES EMPLOYEE, A RECENT HIGH SCHOOL GRADUATE, AND TWO RECENT COLLEGE GRADUATES WHO HAD PREVIOUSLY WORKED WITH YOUTH. THREE OF THE 5-MEMBER TEAM WERE RECENT COLLEGE AND HIGH SCHOOL GRADUATES. SIX HIGH SCHOOL JUNIORS WERE RETAINED AS YOUTH INTERACTORS DURING THE TRAINING SESSIONS. OTHER YOUTH, AN EX-USER, A LOCAL POPULAR YOUTH MUSICIAN, YOUTH WORKERS, STATE STUDENT COUNCIL OFFICERS, ETC., WERE DEEPLY INVOLVED IN THE STATE LEVEL TRAINING. THE GOVERNOR'S CRIME AND DELINQUENCY COMMISSION, THE STATE ALCOHOL AND DRUG DIVISION OF PUBLIC HEALTH, THE STATE POLICE AND THE CORRECTIONAL INSTITUTIONS WERE REPRESENTED ON THE ADVISORY AND PLANNING BOARD.
NEW JERSEY	THE NEW JERSEY TEAM WAS MADE UP OF A CONSULTANT TO HEALTH EDUCATION, DEPARTMENT OF EDUCATION, AND THREE EDUCATION SPECIALISTS TO THE STATE DEPARTMENT OF HEALTH. AT THE CAMDEN WORKSHOP TWO HIGH SCHOOL STUDENTS AND FOUR COLLEGE STUDENTS FROM THE LOCAL AREA WERE USED TO PLAN AND CONDUCT THE PROGRAM. THE SAME PLAN WAS TO BE CARRIED OUT IN OTHER STATE LEVEL TRAINING PROGRAMS. INTERAGENCY COOPERATION EXISTED WITH THE DEPARTMENT OF HEALTH (DIVISION OF NARCOTICS AND DRUG ABUSE CONTROL); THE STATE POLICE, THE URBAN SCHOOLS DEVELOPMENT COUNCIL AND THE DEPARTMENT OF HIGHER EDUCATION ALL GIVING,PLANNING AND CONSULTANT SERVICES TO THE DRUG EDUCATION TRAINING PROGRAM.
NEW MEXICO	THE 8-MEMBER STATE TEAM WAS COMPOSED OF TWO HIGH SCHOOL TEACHERS, AN ELEMENTARY SCHOOL PRINCIPAL, THE CHIEF OF THE SCHOOL HEALTH SECTION OF THE HEALTH AND SOCIAL SERVICES DEPARTMENT, A JUNIOR HIGH SCHOOL ASSISTANT PRINCIPAL, A SERGEANT FOR THE NARCOTICS DIVISION OF THE NEW MEXICO STATE POLICE, A SPECIALIST IN HEALTH AND PHYSICAL EDUCATION AND RECREATION FOR THE STATE DEPARTMENT OF EDUCATION, AND A DRUG EDUCATION COORDINATOR FOR THE STATE DEPARTMENT OF EDUCATION. YOUTH INVOLVEMENT AT THE STATE LEVEL WAS HAMPERED BECAUSE STUDENTS COULD NOT GET RELEASED TIME FROM SCHOOL TO ATTEND PLANNING SESSIONS. THEY WERE TO BE INVOLVED IN THE LOCAL TRAINING SESSIONS IN BOTH PLANNING AND PROGRAM IMPLEMENTATION. THE STATE POLICE CONTRIBUTED A STATE TEAM MEMBER AND WERE TO MAKE MEMBERS OF THE NARCOTICS DIVISION AVAILABLE TO LOCAL TRAINING PROGRAMS. THE STATE HEALTH AND SOCIAL SERVICES DEPARTMENT CONTRIBUTED A STATE TEAM MEMBER AND HOPED TO OBTAIN FUNDING FOR ONE FULL TIME EMPLOYEE TO WORK ON THE TEAM FOR THE YEAR.
NEW YORK	ONLY TWO BACKGROUNDS OF NEW YORK'S 7-MEMBER STATE LEADERSHIP TEAM WERE SUBMITTED. THEY WERE THE STATE COORDINATOR'S WHO IS SPECIAL ASSISTANT TO THE COMMISSIONER FOR DRUG EDUCATION, AND THE STATE TEAM LEADER'S WHO IS CHAIRMAN OF THE DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION AT ADELPHI UNIVERSITY AND DIRECTOR OF THE ADELPHI NATIONAL TRAINING CENTER FOR THE NDETP. NEITHER YOUTH INVOLVEMENT NOR INTERAGENCY COOPERATION WERE IDENTIFIED IN THE NEW YORK PROGRAM.
NORTH CAROLINA	NORTH CAROLINA HAD NO STATE TEAM. THE STATE COORDINATOR WAS REGULARLY EMPLOYED BY THE STATE DEPARTMENT OF EDUCATION AS NDETP PROJECT DIRECTOR. A STUDENT TASK FORCE WAS INVOLVED IN PLANNING AND EXECUTION OF THE TEACHER TRAINING INSTITUTE. THEY WERE TO HAVE A VERY ACTIVE PART IN THE LOCAL FOLLOW-UP PROGRAMS. FORMER DRUG USERS WERE ALSO USED IN THE INSTITUTE. INTERAGENCY COOPERATION WAS FORTHCOMING FROM THE UNIVERSITY OF N. C., SCHOOL OF PHARMACY, THE STATE DEPARTMENT OF MENTAL HEALTH, THE GOVERNOR'S STUDY COMMISSION ON HARMFUL DRUGS, THE SCHOOL OF PUBLIC HEALTH AND THE N. C. CENTRAL UNIVERSITY.

TABLE 16. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE TERRITORY	DESCRIPTION
NORTH DAKOTA	OF THE 5-MEMBER STATE TEAM, 3 ARE STATE AGENCY PERSONNEL -- DEPARTMENT OF PUBLIC INSTRUCTION, DEPARTMENT OF HEALTH AND THE ATTORNEY GENERAL'S OFFICE. ANOTHER IS A HIGH SCHOOL GUIDANCE COUNSELOR AND THE FIFTH INDIVIDUAL IS A PSYCHOLOGIST AND AFFILIATED WITH THE STUDENT SERVICE PERSONNEL OF A COLLEGE. ONE IS A PAID, FULLTIME MEMBER, WHEREAS, THE OTHER FOUR ARE VOLUNTEER (ON RELEASED TIME) AND PARTTIME. NO YOUTH ARE REPRESENTED ON THE TEAM. HOWEVER, STUDENTS FROM THE HIGH SCHOOL AND COLLEGE LEVEL WERE REPRESENTED ON THE STEERING COMMITTEE. PARTICULAR ATTENTION WAS MADE SO THAT YOUNG PEOPLE WERE INVOLVED IN BOTH THE PLANNING AND IMPLEMENTATION OF TRAINING PROGRAMS. THERE WAS A HIGH CONCENTRATION OF YOUTH (26%) INVOLVED IN THE REGIONAL WORKSHOPS AS TRAINEES. THEY WILL FUNCTION AS TRAINERS WHEN RETURNING TO THEIR HOME AREAS. THE STATE AGENCIES COOPERATING WITH THE DEPARTMENT OF PUBLIC INSTRUCTION ON THIS PROGRAM ARE: STATE HEALTH DEPARTMENT, AREA SOCIAL SERVICE CENTER, BOARD OF HIGHER EDUCATION, COMMISSION OF ALCOHOLISM AND STATE TOXICOLOGY DEPARTMENT, LAW ENFORCEMENT COUNCIL, COMPREHENSIVE COMMUNITY HEALTH CENTER, AND OFFICE OF THE GOVERNOR. ALL 8 WERE REPRESENTED ON THE STEERING COMMITTEE, ALL 8 WERE INVOLVED IN PROGRAM IMPLEMENTATION, AND HEALTH, HIGHER EDUCATION, STATE TOXICOLOGY, LAW ENFORCEMENT AND COMMUNITY HEALTH WERE ALL PARTICIPANTS IN TRAINING. DRUG EDUCATION WAS ENVISIONED AS BEING PART OF A PACKAGE WHICH INCLUDES K-12 SELF-CONCEPT UNITS AS WELL AS K-12 EXPLORATION OF THE WORLD OF WORK.
OHIO	OHIO'S 12-MEMBER STATE TEAM HAS FOUR MEMBERS EMPLOYED REGULARLY WITH THE DIVISION OF DRUG EDUCATION IN THE STATE DEPARTMENT OF EDUCATION, ANOTHER IS SUPERVISOR OF PHYSICAL EDUCATION, RECREATION AND SAFETY, AND A SIXTH MEMBER IS DISTRICT SUPERVISOR OF GUIDANCE, THUS, SIX MEMBERS (50%) ARE AFFILIATED WITH THE STATE DEPARTMENT OF EDUCATION. THE OTHER SIX ARE FOR THE MOST PART AFFILIATED WITH SCHOOL SYSTEMS AROUND THE STATE: ONE IS A JUNIOR HIGH ASSISTANT PRINCIPAL FOR THE AKRON CITY SCHOOLS, ONE IS A VISITING TEACHER WITH THE COLUMBUS PUBLIC SCHOOLS, ONE IS A HEALTH AND PHYSICAL EDUCATION SUPERVISOR WITH THE DAYTON CITY SCHOOLS, ONE IS A DIRECTOR OF DRUG EDUCATION WITH THE TOLEDO CITY SCHOOLS, ONE IS A CURRICULUM SPECIALIST WITH THE EDUCATIONAL RESEARCH COUNCIL OF CLEVELAND, AND ONE IS A COUNSELOR WITH THE OHIO BUREAU OF VOCATIONAL REHABILITION IN CINCINNATI. FOUR OF THE TWELVE ARE FULLTIME AND PERMANENT WHILE EIGHT ARE PARTTIME. THERE IS NO YOUTH INVOLVEMENT REPRESENTED ON THE STATE TEAM. HOWEVER, 25 YOUNG PEOPLE (MOST OF WHOM ARE OR WERE DRUG USERS) WERE INVOLVED IN A THREE-DAY WORKSHOP CONDUCTED BY THE DRUG EDUCATION DIVISION. THE STATE TEAM HAS ENCOURAGED LOCAL DISTRICTS TO INCLUDE YOUNG PEOPLE IN PLANNING AND IMPLEMENTATION OF LOCAL PROGRAMS. HOWEVER, NO YOUNG PEOPLE WERE REPORTED AS TRAINED IN THE ELEVEN 1970-71 DRUG EDUCATION TRAINING PROGRAMS REPORTED BY THE STATE OF OHIO. THERE APPEARS TO BE A HIGH DEGREE OF INTERAGENCY COOPERATION.
OKLAHOMA	THE STATE'S 4-MEMBER STATE TRAINING TEAM WERE: ONE, ACTING DIRECTOR OF THE NARCOTICS AND DRUG SECTION OF THE STATE DEPARTMENT OF EDUCATION (AND FORMERLY TITLE III PROJECT DIRECTOR FOR SEILING, OKLAHOMA, SCHOOLS); ONE, DRUG EDUCATION COORDINATOR (NOW STATE COORDINATOR)(AND FORMERLY A HIGH SCHOOL GUIDANCE COUNSELOR); ONE, HEALTH EDUCATION COORDINATOR WITH THE STATE DEPARTMENT OF HEALTH; AND ONE, A HIGH SCHOOL SENIOR FROM OKLAHOMA CITY. THESE FOUR MEMBERS ARE ALL PERMANENT, PAID TEAM MEMBERS. TWO ARE FULLTIME; TWO ARE PARTTIME. IN ADDITION TO THESE FOUR, THERE ARE EIGHT OUTSIDE CONSULTANTS WHO ARE TRAINING PROGRAM LECTURERS IN THE FOLLOWING DISCIPLINES: EDUCATION, PHARMACOLOGY, PSYCHOLOGY, SOCIOLOGY AND LEGAL ASPECTS OF DRUGS. YOUTH ARE INVOLVED AT EVERY LEVEL -- STATE TEAM, REGIONAL AND LOCAL LEVEL TRAINING. IT WAS NOTED THAT 'STUDENTS TRAINED ON THE REGIONAL LEVEL WERE EXTREMELY ACTIVE AFTER RETURNING TO THEIR LOCAL SCHOOLS'. IT WAS APPARENT THAT STUDENTS WERE GIVEN AND ASSUMED INCREASING RESPONSIBILITY. IN ONE CASE, THEY HAD ASSUMED TOTAL RESPONSIBILITY FOR THE DRUG EDUCATION ACTIVITIES IN ONE SCHOOL.
OREGON	THERE WAS NO STATE TRAINING TEAM AS SUCH. THE FIRST LEVEL OF TRAINING WAS COORDINATED BY A HIGHLY COMPETENT PROFESSOR OF HEALTH EDUCATION FROM THE UNIVERSITY OF OREGON WHO TOOK A YEAR'S LEAVE OF ABSENCE TO CONDUCT THE DRUG EDUCATION PROGRAM FOR OREGON TEACHERS (DEPOT) PROJECT. IN LIEU OF A STATE TEAM, 14 DEPOT COORDINATORS WHO SERVE AS REGIONAL TEAM LEADERS WERE SELECTED TO HANDLE THE LOGISTICS OF THE 14 FORTY-HOUR INSERVICE CLINICS HELD AROUND THE STATE. THESE DEPOT COORDINATORS RECRUITED INDIGENOUS YOUTH AND COMMUNITY MEMBERS TO SERVE AS RESOURCE PEOPLE FOR THE CLINICS. YOUTH INVOLVEMENT WAS DEFINED AS HAVING REPRESENTATIVES FROM THE "STRAIGHTS" AND THE "STREETS" INCLUDED IN EACH OF THE 14 TRAINING PROGRAMS, AND AFTER THE "KICK-OFF CLINIC" INCREASED "STRAIGHT" AND "STREET" STUDENT INVOLVEMENT WAS DESIRED BY THE TRAINEES, AS REVEALED IN A PROGRAM EVALUATION. INTERAGENCY COOPERATION WAS EXTREMELY HIGH WITH A LARGE STATE INVESTMENT OF TIME AND FUNDS. THE MAJOR AGENCIES INVOLVED WITH THE DEPOT PROGRAM WERE: DIVISION OF CONTINUING EDUCATION, MENTAL HEALTH DIVISION (ALCOHOL AND DRUG SECTION) OF THE STATE BOARD OF HEALTH, THE GOVERNOR'S OFFICE, THE STATE SYSTEM OF HIGHER EDUCATION, THE OREGON BOARD OF EDUCATION, LAW ENFORCEMENT, THE COURTS AND THE MEDICAL ASSOCIATION.
PENNSYLVANIA	THE 10-MEMBER STATE TEAM WAS MADE UP ENTIRELY OF STATE COLLEGE UNIVERSITY INSTRUCTIONAL STAFF. ALL WERE PARTTIME, PERMANENT AND PAID. THEY EACH SPONSORED A SERIES OF DRUG EDUCATION TRAINING WORKSHOPS AT THEIR RESPECTIVE COLLEGE OR UNIVERSITY -- UNIVERSITIES OF PITTSBURGH, PENN STATE, AND TEMPLE AND COLLEGES OF SLIPPERY ROCK, LOCK HAVEN, AND EAST STROUDSBURG. YOUTH WERE NOT INVOLVED IN THE PLANNING OF THE STATE PROPOSAL. HOWEVER, THEIR INVOLVEMENT WAS WRITTEN INTO THE PROPOSAL AND THEIR PARTICIPATION AS "TEAM" MEMBERS WILL BE EXPECTED AND ENCOURAGED AS WELL AS THEIR INVOLVEMENT AT THE COMMUNITY LEVEL. THIS WAS DEMONSTRATED BY A 26 YOUTH REPRESENTATION IN THE 17 TRAINING PROGRAMS REPORTED TO USOE. INTERAGENCY INVOLVEMENT WAS NOT MARKEDLY HIGH. THE DEPARTMENTS OF HEALTH AND WELFARE HAD STAFF MEMBERS SERVING ON THE ADVISORY COMMITTEE WHICH FORMULATED THE STATE PROPOSAL. THESE REPRESENTATIVES LATER SERVED AS LIAISON PERSONNEL TO THE COLLEGES AND UNIVERSITIES CONDUCTING THE TRAINING WORKSHOPS. HOWEVER, THE CONTRIBUTION OF THE HOST COLLEGES AND UNIVERSITIES WAS CONSIDERABLE AS THEY PROVIDED MANY SERVICES NOT COVERED IN THEIR OPERATING BUDGETS.
RHODE ISLAND	THE NINE-MEMBER STATE TRAINING TEAM WAS PREDOMINANTLY REPRESENTED BY COMMUNITY WORKERS. THERE WERE FIVE WHO WORKED IN DRUG TREATMENT CENTERS (TWO OF WHOM WERE EX-ADDICTS). ANOTHER MEMBER AFFILIATED WITH THE DEPARTMENT OF SOCIAL SERVICES ALSO WAS A DROP-IN CENTER WORKER. STILL ANOTHER MEMBER WHO WAS EMPLOYED BY THE STATE DEPARTMENT OF HEALTH WAS A PRISON PAROLEE. IN ADDITION TO THESE HIGHLY RELEVANT EXPERIENCES, OTHER MEMBERS REPRESENTED THE DISCIPLINES OF PHARMACOLOGY, MEDICINE AND PSYCHIATRY. OTHER STATE AGENCY PERSONNEL INCLUDED A REPRESENTATIVE FROM THE GOVERNOR'S OFFICE OF DRUG ABUSE, THE DEPARTMENT OF NARCOTICS AND DANGEROUS DRUGS AND THE DEPARTMENT OF HEALTH. ALL WERE PARTTIME AND PAID. SIX WERE PERMANENT AND THREE WERE TEMPORARY. THE PROGRAM WAS, IN EFFECT, SUBCONTRACTED TO THE UNIVERSITY OF RHODE ISLAND AND THE TRAINING TEAM WORKED IN CLOSE COOPERATION WITH THE DEPARTMENT OF EDUCATION AND PARTICULARLY WITH THE MEDIA DIVISION WHICH WAS RESPONSIBLE FOR PREPARATION OF THE TV DRUG EDUCATION SERIES TO BE USED IN THE SIX 30-HOUR WORKSHOPS. THE UNFORTUNATE DILEMMA WAS THAT NEITHER THE STATE DEPARTMENT OF EDUCATION NOR THE UNIVERSITY RESPONDED WITH NDETP ASSESSMENT INFORMATION SO THAT LITTLE IS ACTUALLY FORMALLY REPORTED TO USOE.

TABLE 1d. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE/TERRITORY	DESCRIPTION
SOUTH CAROLINA	THE SOUTH CAROLINA STATE TRAINING TEAM SUFFERED A 75 ATTRITION RATE SO THAT ITS ONE MEMBER, WHO IS CHIEF SUPERVISOR OF CURRICULUM DEVELOPMENT FOR THE STATE DEPARTMENT OF EDUCATION, WAS BOTH STATE COORDINATOR/TEAM LEADER AND TRAINING TEAM MEMBER. WITH THE HELP OF OUTSIDE CONSULTANTS WHO SERVED AS LECTURERS IN THE DISCIPLINES OF PHARMACOLOGY, SOCIOLOGY, PHYSIOLOGY, LEGAL ASPECTS, TREATMENT NEEDS, AND CAUSES AND PHARMACOLOGICAL ASPECTS, THE TRAINING PROGRAMS APPEARED TO RECEIVE WELL BALANCED CONTENT. YOUTH INVOLVEMENT WAS EVIDENCED BY REPRESENTATION ON THE STATE INSTRUCTIONAL PLANNING COMMITTEE AND A RATIO OF ONE STUDENT PER THREE TEACHERS AS TRAINEES IN REGIONAL AND LOCAL WORKSHOPS. OF THE 14 TRAINING PROGRAMS REPORTED 53 OF THE INDIVIDUALS TRAINED WERE STUDENTS. WITH REGARD TO INTERAGENCY COOPERATION, THE STATE BOARD OF HEALTH, MENTAL HEALTH DEPARTMENT, LAW ENFORCEMENT AGENCIES, AND LOCAL PRACTICING PHYSICIANS AND PSYCHIATRISTS SERVED ON INSTRUCTIONAL PLANNING COMMITTEES AND AS CONSULTANTS FOR THE WORKSHOPS.
SOUTH DAKOTA	THE FIVE-MEMBER STATE TEAM CONSISTED OF TWO GUIDANCE COUNSELORS, ONE FROM THE RAPID CITY SCHOOLS AND THE OTHER FROM THE SIOUX FALLS PUBLIC SCHOOLS; ONE WAS A STUDENT AT SOUTH DAKOTA STATE UNIVERSITY AND ANOTHER A HEALTH COORDINATOR AT THE UNIVERSITY, WHILE THE STATE COORDINATOR WAS A REGULAR EMPLOYEE WITH THE STATE DEPARTMENT OF PUBLIC INSTRUCTION. BESIDES THE COLLEGE STUDENT REPRESENTED ON THE STATE TEAM, IT WAS FELT THAT THERE SHOULD BE MORE DEFINED YOUTH INVOLVEMENT IN THE TRAINING PROGRAMS THEMSELVES. THIS RECOMMENDATION WAS APPARENTLY ACTED UPON AS 49 OF THE TRAINEES REPORTED IN 7 TRAINING PROGRAMS WERE YOUNG PEOPLE. THERE WAS NO SPECIFIC MENTION OF INTERAGENCY COOPERATION .
TENNESSEE	THE FOUR STATE TEAM MEMBERS WERE ALL EMPLOYEES OF THE STATE DEPARTMENT OF EDUCATION AS EDUCATIONAL CONSULTANTS (2) AND EDUCATIONAL SUPERVISORS (2). ONE WAS PAID AND THE OTHER THREE GIVEN RELEASED TIME TO PARTICIPATE IN THE 10 REGIONAL CONFERENCES. THERE WERE NO YOUTH REPRESENTED ON THE STATE TEAM, HOWEVER, YOUTH WERE INVOLVED IN THE PLANNING AND THEY WERE SCHEDULED TO BE INVOLVED IN THE REGIONAL CONFERENCES. THEY WERE ALSO ENCOURAGED TO PARTICIPATE IN LOCAL LEVEL PROGRAMS. THIS WAS EVIDENCED BY THE FACT THAT 40 OF THE TRAINEES IN THE 10 CONFERENCES WERE REPORTED TO BE YOUTH. FIVE STATE AGENCIES WERE CITED FOR THEIR INTERAGENCY COOPERATIVE EFFORTS TOWARD THE STATE DRUG EDUCATION PROGRAM. THEY WERE: DEPARTMENT OF MENTAL HEALTH, DEPARTMENT OF PUBLIC HEALTH, DEPARTMENT OF PUBLIC WELFARE, TENNESSEE BUREAU OF INVESTIGATION AND THE TENNESSEE COMMISSION ON YOUTH GUIDANCE.
TEXAS	TEXAS' 25-MEMBER STATE TEAM WAS COMPOSED OF 5 STATE DEPARTMENT OF EDUCATION, KNOWN AS THE TEXAS EDUCATION AGENCY, EMPLOYEES AND 20 COORDINATORS OF REGIONAL EDUCATION SERVICE CENTERS. ALL 25 WERE FULLTIME, PERMANENT AND PAID. THE INVOLVEMENT OF YOUNG PEOPLE SPECIFIED THAT THEY WOULD BE MEMBERS OF THE TEXAS EDUCATION AGENCY TEAMS TO BE TRAINED AT THE REGIONAL EDUCATION SERVICE CENTERS. ALSO, LOCAL TRAINING WOULD ENCOURAGE THE SCHOOL DISTRICTS TO ALLOW STUDENTS TO TAKE THE LEAD IN SCHOOLS FOR PLANNING DRUG EDUCATION ACTIVITIES. FORTY-FIVE PERCENT OF THE TRAINEES REPORTED TO USOE WERE YOUTH. THE TEXAS EDUCATION AGENCY AND EDUCATION SERVICE CENTER STAFF WERE A PART OF THE COOPERATIVE EFFORT OF THE STATE THROUGH AN INTERAGENCY COUNCIL TO PREPARE AND PUBLISH A COMMUNITY ACTION GUIDE, RECEIVE TRAINING AS A TEAM, AND GO TO LOCAL COMMUNITIES ON A CONSULTATIVE BASIS TO HELP THEM INITIATE A LOCAL COMMUNITY ACTION PROGRAM. THE AGENCIES CITED FOR THEIR SUPPORT OF THE EPDA DRUG EDUCATION PROGRAM IN TEXAS WERE: COMPREHENSIVE HEALTH PLANNING, TEXAS COLLEGE AND UNIVERSITY SYSTEM (COORDINATING BOARD), CRIMINAL JUSTICE COUNCIL, DEPARTMENT OF CORRECTIONS, DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, DEPARTMENT OF PUBLIC SAFETY, DIVISION OF PAROLE SUPERVISION, STATE DEPARTMENT OF PUBLIC WELFARE, TEXAS COMMISSION OF LAW ENFORCEMENT, TEXAS DEPARTMENT OF HEALTH, TEXAS REHABILITATION COMMISSION, TEXAS STATE BOARD OF PHARMACY AND THE TEXAS YOUTH COUNCIL.
UTAH	THE 8-MEMBER STATE TEAM CONSISTED OF A CLINICAL PSYCHOLOGIST WITH THE SALT LAKE COMMUNITY MENTAL HEALTH PROGRAM, THE HEAD OF HEALTH SERVICES AT THE UNIVERSITY OF UTAH, THE DIRECTOR OF THE DRUG DIVISION OF THE DEPARTMENT OF SOCIAL SERVICES, A PSYCHIATRIC NURSE WITH THE STATE DIVISION OF MENTAL HEALTH, A HIGH SCHOOL GRADUATE, AN EDUCATION SPECIALIST, AN INFORMATION SPECIALIST AND THE STATE COORDINATOR WHOSE REGULAR POSITION WAS AS SPECIALIST IN HEALTH AND PHYSICAL EDUCATION WITH THE STATE BOARD OF EDUCATION. FOR THE ONE-WEEK "LIVE IN" THERE WAS TO BE ONE YOUTH FOR EVERY PRINCIPAL OR TEACHER INVOLVED. LATER THESE SAME YOUNG PEOPLE WERE TO HELP WITH REGIONAL AND SCHOOL DISTRICT TRAINING. OF THE 19 TRAINING PROGRAMS REPORTED THE RATIO OF YOUTH INVOLVEMENT WAS 20 . STATE AGENCIES WHICH WERE CITED FOR THEIR INTERAGENCY COOPERATION WERE: ALL POST HIGH SCHOOL EDUCATIONAL INSTITUTIONS, THE DRUG BUREAU OF THE DEPARTMENT OF SOCIAL SERVICES, THE MENTAL HEALTH DIVISION OF THE DEPARTMENT OF SOCIAL SERVICES, THE JUVENILE COURTS AND THE STATE HOSPITAL SYSTEM.
VERMONT	THE STATE'S 5-MEMBER STATE TEAM WERE ALL LISTED AS TEMPORARY WITH ONE ASSISTANT PROGRAM DIRECTOR AND FOUR LEADERSHIP TEAM TEACHERS. YOUNG PEOPLE FROM VARIOUS SECTIONS OF THE STATE WERE TO SERVE AS YOUTH CONSULTANTS TO THE STATE TEAM AND LIKEWISE TAKE PART IN THE TRAINING PROGRAM AS TRAINERS AND TRAINEES. OF THE 11 TRAINING PROGRAMS REPORTED TO USOE 41 OF THE PARTICIPANTS WERE YOUTH. THE DEPARTMENTS OF MENTAL HEALTH, DRUG REHABILITATION COMMISSION AND DEPARTMENT OF EDUCATION WERE REPRESENTED ON THE CHICAGO (WORKING CONFERENCE) TEAM THAT TOOK PART IN ALL PLANNING SESSIONS WITH THE STATE TEAM THAT ATTENDED THE ADELPHI NTC. PERSONNEL OF THE STATE DEPARTMENTS OF HEALTH, PUBLIC SAFETY, CORRECTIONS, ALCOHOLIC REHABILITATION COUNSELORS, WERE TO BE INVITED TO ATTEND THE TRAINING SESSIONS.
VIRGINIA	THE ORIGINAL 5-MEMBER STATE TEAM CONSISTED OF THE COORDINATOR OF DRUG EDUCATION, THE ASSISTANT SUPERVISOR FOR HEALTH AND PHYSICAL EDUCATION, THE ASSISTANT SUPERVISOR OF SECONDARY EDUCATION -- ALL OF THE STATE DEPARTMENT OF EDUCATION, PLUS, A MEMBER OF THE RICHMOND REGIONAL PLANNING COMMISSION OF THE GOVERNOR'S COUNCIL ON NARCOTICS AND DRUG ABUSE, AND A COLLEGE STUDENT AT VIRGINIA POLYTECHNIC INSTITUTE AND MEMBER OF THE GOVERNOR'S YOUTH COUNCIL. HOWEVER, THE ACTUAL TRAINING TEAM CONSISTED ONLY OF THE COORDINATOR OF DRUG EDUCATION AND THE ASSISTANT SUPERVISOR FOR HEALTH AND PHYSICAL EDUCATION. ONE OF THE EARLY PROBLEMS AROSE WHEN THE FOUR STATE LEVEL TEACHER TRAINING INSTITUTES WERE CONDUCTED WHILE THREE OF THESE FIVE MEMBERS WERE ATTENDING THE NATIONAL TRAINING CENTER PROGRAM AT SAN FRANCISCO STATE COLLEGE DURING AUGUST 1970. THE OTHER TWO MEMBERS ONLY ASSISTED IN THE STATE WORKSHOPS ON A CONSULTANT BASIS. SO, IN ACTUALITY, THE STATE TEAM DID NOT FUNCTION AS SUCH UNTIL THE LOCAL SCHOOL DISTRICTS' IN-SERVICE TRAINING PROGRAMS WERE CONDUCTED. YOUNG PEOPLE WERE INVOLVED IN THE FOUR STATE WORKSHOPS IN A VARIETY OF WAYS: BAND, PANEL DISCUSSION AND PRESENTATION, SMALL GROUP DISCUSSION AND LARGE GROUP MEETINGS' PRESENTATION. HOWEVER, IN THE SIX TRAINING PROGRAMS REPORTED TO USOE ONLY 1 OF THE TRAINEES WERE YOUTH. INTERAGENCY COOPERATION EXISTED WITH THE GOVERNOR'S COUNCIL ON NARCOTICS AND DRUG ABUSE CONTROL. HEADS OF MANY STATE AGENCIES ARE MEMBERS OF THE GOVERNOR'S COUNCIL. REPRESENTATIVES WERE UTILIZED AS CONSULTANTS AND SPEAKERS AT THE FOUR STATE WORKSHOPS.

TABLE 14. NARRATIVE DESCRIPTION OF THE STATE LEADERSHIP TEAM MEMBERS' BACKGROUNDS - THE EXTENT OF YOUTH INVOLVEMENT AND INTERAGENCY COOPERATION AT THE STATE TEAM LEVEL

STATE/TERRITORY	DESCRIPTION
WASHINGTON	OF THE 12 STATE TEAM MEMBERS, ONE IS HEAD OF THE TRAINING SECTION FOR THE STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, ANOTHER THE HEALTH EDUCATION SUPERVISOR FOR THE STATE OFFICE OF PUBLIC INSTRUCTION, TWO ARE GUIDANCE COUNSELORS FOR PUBLIC SCHOOLS IN RICHLAND AND ABERDEEN, ONE IS A HEALTH TEACHER FROM THE TACOMA PUBLIC SCHOOLS, ANOTHER IS HEALTH EDUCATION COORDINATOR WITH THE KENT PUBLIC SCHOOLS, ONE IS A SCIENCE TEACHER WITH THE NEWPORT SCHOOLS, ONE IS A DEAN OF STUDENTS FOR FRANKLIN HIGH SCHOOL IN TACOMA, ONE IS A HIGH SCHOOL STUDENT FROM TACOMA, TWO OTHERS ARE COLLEGE STUDENTS AT THE UNIVERSITY OF WASHINGTON AND CENTRAL WASHINGTON STATE COLLEGE, AND THE STATE COORDINATOR IS A DRUG EDUCATION CONSULTANT WITH THE STATE OFFICE OF PUBLIC INSTRUCTION. TWO MEMBERS ARE FULLTIME, 9 ARE PARTTIME, AND ONE IS NOT INDICATED. ALL ARE PERMANENT AND PAID. TWENTY-FIVE PERCENT OF THE STATE TEAM IS COMPOSED OF YOUTH MEMBERS. THE STATE COORDINATOR ORIGINALLY TRAVELED THROUGHOUT THE STATE MEETING WITH VARIOUS GROUPS OF YOUNG PEOPLE TO OBTAIN THEIR INPUT PRIOR TO DESIGNING THE STATE'S DRUG EDUCATION TRAINING PLAN. COLLEGE STUDENTS, SECONDARY STUDENTS AND YOUNGSTERS IN STATE REHABILITATION INSTITUTIONS WERE INVOLVED IN THIS IDEA-GATHERING PROCESS. THE COLLEGE SENIOR ON THE STATE TEAM POSTPONED GRADUATION FOR A YEAR TO WORK AS AN ADMINISTRATIVE INTERN TO THE STATE COORDINATOR. HE IS A REGULAR MEMBER OF THE STAFF AND RECEIVES SALARY, BENEFITS AND ALL PRIVILEGES ACCORDED TO STATE EMPLOYEES. ALL YOUTH TEAM MEMBERS RECEIVE THE SAME BENEFITS AND HAVE THE SAME RESPONSIBILITIES AS THE ADULT MEMBERS OF THE TEAM. COLLEGE STUDENTS WILL ASSIST IN EVALUATING THIS YEAR'S PROGRAM. ALSO SCHOOL DISTRICTS ARE BEING INSTRUCTED TO GIVE LOCAL STUDENTS EQUAL REPRESENTATION ON DISTRICT TEAMS. TWO EMPLOYEES OF THE STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES WERE ALLOWED TO DEVOTE 50% OF THEIR TIME TO THE PROJECT. THE SAME DEPARTMENT BUT IT'S MENTAL HEALTH SECTION AGREED TO COOPERATE BY PROVIDING NAMES OF LOCAL DISTRICT CONTACTS AND BY MAKING THESE CONTACTS WHENEVER FEASIBLE. MANY STATE AND PRIVATE INSTITUTIONS OF HIGHER LEARNING PROVIDED THE OPPORTUNITY FOR SUMMER SCHOOL STUDENTS TO ASSIST IN THE DEVELOPMENT OF PUBLICATIONS.
WEST VIRGINIA	THE ORIGINAL STATE TEAM WAS MADE UP OF A PROJECT DIRECTOR AND AN ASSISTANT PROJECT DIRECTOR WITH THE STATE DEPARTMENT OF EDUCATION, A TEACHER WITH THE WOOD COUNTY SCHOOLS, A COUNSELOR WITH THE STATE DEPARTMENT OF MENTAL HEALTH, AND A COLLEGE STUDENT FROM MARSHALL UNIVERSITY. HOWEVER, THE TIME COMMITMENT FOR THESE INDIVIDUALS TO CARRYOUT STATE TEAM RESPONSIBILITIES WAS NOT FOLLOWED THROUGH LEAVING THE ASSISTANT PROJECT DIRECTOR TO RUN THE TRAINING PROGRAMS MOSTLY ON HIS OWN. YOUTH WERE 66% OF THE PROGRAM TRAINEES; HOWEVER, THESE YOUTH WERE TRAINED IN CONFERENCES SEPARATE FROM THE TEACHER WORKSHOPS, SO THAT INTERPERSONAL COMMUNICATION AND COORDINATION OF LOCAL TRAINING EFFORTS WERE NOT A FREE-FLOWING OUTCOME OF TRAINING. YOUTH WERE BROUGHT INTO TEACHER WORKSHOPS AS PARTICPANTS AFTER THEY HAD BEEN INVOLVED IN THEIR YOUTH CONFERENCES. INTERAGENCY COOPERATION WAS PERHAPS THE BIGGEST PROBLEM THE PROJECT HAD TO COPE WITH -- MENTAL HEALTH, THE GOVERNOR'S COMMITTEE ON CRIME, DELINQUENCY AND PREVENTION, AND THE DEPARTMENT OF EDUCATION HAD SOME CONFLICT OVER THE SPONSORSHIP OF THE DRUG EDUCATION PROGRAM. TO THE STATE COORDINATOR'S CREDIT THESE DISPUTES WERE AMELIORATED.
WISCONSIN	THE 12-MEMBER STATE TEAM CONSISTED OF THE STATE COORDINATOR WHO WAS ALSO SUPERVISOR OF HEALTH EDUCATION FOR THE DEPARTMENT OF PUBLIC INSTRUCTION, HER ADMINISTRATIVE ASSISTANT, WHO HAS NOW BECOME THE STATE COORDINATOR FOR 1971-72, A SOCIAL WORK SUPERVISOR FOR THE DEPARTMENT, A CONSULTANT FOR THE BUREAU OF ALCOHOLISM AND DRUG ABUSE, A HEALTH EDUCATOR FOR THE CITY HEALTH DEPARTMENT, A COLLEGE STUDENT FROM WISCONSIN STATE UNIVERSITY AT PLATTEVILLE, AN INSTRUCTOR FROM THE MILWAUKEE AREA TECHNICAL COLLEGE, AND FIVE HEALTH EDUCATION SPECIALISTS FROM CESAs 16, 11, 7, 2 AND 18 OR 19. ALL WITH THE EXCEPTION OF THE COORDINATOR'S ADMINISTRATIVE ASSISTANT, PARTICIPATED IN THE UNIVERSITY OF WISCONSIN NATIONAL TRAINING CENTER DURING JULY AND AUGUST 1970. THE YOUTH MEMBER ON THE TEAM WAS A FRESHMAN IN COLLEGE. PLANS WERE TO HAVE A YOUTH MEMBER OF EACH OF THE 19 CESA TRAINING TEAMS. OF THE 101 TRAINING PROGRAMS SUBMITTED TO USOE, 46% OF THE TRAINEES WERE YOUTH. THE AGENCIES CITED FOR THEIR INTERAGENCY COOPERATION IN THIS DRUG EDUCATION EFFORT WERE: THE BUREAU OF ALCOHOLISM AND DRUG ABUSE, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, BUREAU OF HEALTH EDUCATION, COMMUNITY HEALTH SERVICES, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, THE UNIVERSITY OF WISCONSIN (INCLUDING THE STUDENT AFFAIRS OFFICE), THE SCHOOL OF PHARMACY, HEALTH EDUCATION, AND SCHOOL OF EDUCATION, THE DEPARTMENT OF JUSTICE AND COUNCIL ON CRIMINAL JUSTICE.
WYOMING	THIS STATE HAD A 3-MEMBER STATE TEAM OF STRIKING COMPARABILITY -- THE STATE COORDINATOR WAS FORMERLY AN INSTRUCTOR OF SCIENCE EDUCATION AT THE UNIVERSITY OF WYOMING AND THEN BECAME A SCIENCE AND DRUG CONSULTANT TO THE STATE DEPARTMENT OF EDUCATION, WHILE THE TWO ASSISTANT WORKSHOP DIRECTORS WERE 19 AND 21 YEARS OLD. THE GIRL WAS A RECENT HIGH SCHOOL GRADUATE; THE BOY A COLLEGE UNDERGRADUATE. THEY WERE DEEPLY INVOLVED IN THE TRAINING SESSIONS WORKING AS "YOUTH CONSULTANTS" IN SMALL GROUP (8-12 PARTICIPANTS PER GROUP) PROCESSES. IT IS DISAPPOINTING THAT OF THE 4 TRAINING PROGRAMS REPORTED TO USOE NO YOUTH WERE REPORTED AS TRAINEES. THE SUPPORT FROM OTHER AGENCIES CAME FROM THE STATE MENTAL HOSPITAL, THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE UNIVERSITY OF WYOMING'S DEPARTMENT OF PHARMACOLOGY AND DEPARTMENT OF SOCIOLOGY.
AMERICAN SAMOA	FOUR INDIVIDUALS WERE LISTED AS TRAINING TEAM MEMBERS. THE TEAM LEADER AND STATE COORDINATOR AND ONE OF THE TEAM MEMBERS WERE EMPLOYED BY THE DEPARTMENT OF EDUCATION. A THIRD TEAM MEMBER WAS FROM THE DEPARTMENT OF PUBLIC SAFETY AND A FOURTH WAS FROM THE MEDICAL SERVICES DEPARTMENT. ALL FOUR ATTENDED THE SAN FRANCISCO STATE COLLEGE NATIONAL TRAINING CENTER. UPON RETURNING FROM TRAINING ONE MEMBER LEFT THE TERRITORY TO LIVE IN THE STATES. THE OTHER THREE WERE LISTED AS PARTTIME, PERMANENT STAFF, WHO HAD BEEN GIVEN RELEASED TIME TO CONDUCT THE TRAINING. HOWEVER, NO TRAINING PROGRAMS WERE REPORTED TO USOE AND FURTHERMORE, NONE SEEMED TO BE PLANNED FOR 1970-71, UNTIL THE NEED AROSE. YOUNG PEOPLE WERE NOT INVOLVED IN THE PLANNING OF AMERICAN SAMOA'S DRUG EDUCATION TRAINING PROGRAM AND THE ONLY INTERAGENCY COOPERATION CITED WAS THE RELEASE OF TWO TRAINING TEAM MEMBERS FROM THE DEPARTMENT OF PUBLIC SAFETY AND THE MEDICAL SERVICES DEPARTMENT. AFTER SEVERAL ATTEMPTS TO OBTAIN MORE INFORMATION ABOUT THE PROGRAM FOR THE NDETP ASSESSMENT IT CAN ONLY BE CONCLUDED THAT VERY LITTLE IF ANYTHING CAME OF THIS EPDA GRANT. TRAINING FOR TEACHERS, ADMINISTRATORS AND INTERESTED COMMUNITY LEADERS WAS TO BEGIN IN FEBRUARY 1971 ALTHOUGH NOTHING HAS BEEN REPORTED.
GUAM	NO ASSESSMENT FORMS REGARDING TRAINING TEAM OR DRUG EDUCATION PROGRAM STAFF WERE SUBMITTED TO USOE BY GUAM. HOWEVER, 5 STATE TEAM MEMBERS WERE REPORTED TO HAVE ATTENDED THE SAN FRANCISCO STATE COLLEGE NATIONAL TRAINING CENTER. TWO TRAINING PROGRAMS WERE REPORTED IN WHICH 90 INDIVIDUALS, PREDOMINANTLY SCHOOL PERSONNEL, RECEIVED 20 HOURS OF DRUG EDUCATION TRAINING. FOUR YOUNG PEOPLE WERE LISTED AS TRAINEES. THERE IS NO INDICATION OF INTERAGENCY COOPERATION.
PUERTO RICO	PUERTO RICO DID NOT HAVE A STATE TEAM LEADER, BUT RATHER A STATE PLANNING COMMITTEE OF NINE INDIVIDUALS WHO ARE THE TRAINING TEAM MEMBERS. FOUR ARE AFFILIATED WITH THE DEPARTMENT OF EDUCATION, TWO ARE WITH THE DRUG CONTROL COMMITTEE, ONE WITH THE DEPARTMENT OF SOCIAL SERVICES, ONE WITH THE DEPARTMENT OF MENTAL HEALTH AND ONE A COMMUNITY LEADER. THESE NINE WERE ALL PARTTIME, PERMANENT STAFF WHO HAD BEEN GIVEN RELEASED TIME TO PARTICIPATE IN THIS PROJECT. EIGHT OUTSIDE CONSULTANTS WERE USED TO PROVIDE THE DISCIPLINES OF PSYCHOLOGY, SOCIOLOGY, LEGAL ASPECTS, PHARMACOLOGY AND GROUP PROCESS. SIX HIGH SCHOOL STUDENTS WERE USED AS NORMAL ADOLESCENCE CONSULTANTS AND FIVE EX-ADDICTS WERE USED AS CONSULTANTS TO EXPLAIN THE SOCIOLOGICAL ASPECTS OF DRUG USE. AS PART OF THE TRAINING PROGRAM YOUNG PEOPLE PARTICIPATED IN DISCUSSING THE PROBLEMS THAT WORRY AND AFFECT THEM. YOUNG EX-ADDICTS PARTICIPATED ALSO IN SMALL GROUP DISCUSSIONS. INTERAGENCY COOPERATION WAS CITED FROM THE NARCOTICS COMMISSION, THE DEPARTMENT OF HEALTH (MENTAL HEALTH PROGRAM) AND THE DEPARTMENT OF SOCIAL WELFARE. REPRESENTATIVES FROM THESE AGENCIES ARE MEMBERS OF THE PLANNING COMMITTEE AT THE CENTRAL LEVEL.
U. S. VIRGIN ISLANDS	THE 10-MEMBER STATE TEAM CONSISTED OF THE STATE COORDINATOR/TEAM LEADER WHO HAD BEEN AN ASSISTANT PRINCIPAL AT ALL SAINTS PARISH SCHOOL ON ST. THOMAS PRIOR TO BECOMING THE COORDINATOR OF DRUG EDUCATION FOR THE DEPARTMENT OF EDUCATION, ANOTHER DEPARTMENT OF EDUCATION EMPLOYEE, A PARENT, A HIGH SCHOOL STUDENT AND A HIGH SCHOOL GUIDANCE COUNSELOR -- ON THE ST. THOMAS TEAM, PLUS, A RECREATION SUPERVISOR, A HIGH SCHOOL STUDENT, A HIGH SCHOOL GUIDANCE COUNSELOR, A DEPARTMENT OF HEALTH EMPLOYEE, AND A PRIVATE HIGH SCHOOL TEACHER -- ON THE ST. CROIX TEAM. TEAM MEMBERS WERE PAID FOR SUMMER WORKSHOP TRAINING THE ADELPHI AND UNIVERSITY OF WISCONSIN NATIONAL TRAINING CENTERS. ALL MEMBERS WERE TO BE AVAILABLE ON RELEASED TIME IN ORDER TO PARTICIPATE IN SCHEDULED TRAINING SITUATIONS. ONLY 3 TRAINING PROGRAMS WERE REPORTED TO USOE -- AND THESE WERE ALL CONDUCTED ON ST. THOMAS. BECAUSE OF OTHER LOCAL EDUCATION PRESSURES TO PROVIDE FOR THE EDUCATION OF 3,000 ALIEN CHILDREN THE DRUG EDUCATION TRAINING PROGRAM WAS SLOW IN GETTING STARTED. OTHER PROBLEMS AROSE WITH COORDINATION BETWEEN THE TWO ISLAND TEAMS, BECAUSE EACH FELT THEY HAD DIFFERENT TYPES OF DRUG PROBLEMS WHICH DICTATED THE NEED FOR SEPARATE PROGRAMS. THESE UNRESOLVED DIFFICULTIES MAY HAVE BEEN RESPONSIBLE FOR THE APPARENT LACK OF FOLLOW-THROUGH WITH ADDITIONAL TRAINING SESSIONS.

TABLE 2

NUMBER OF SCHOOL DISTRICTS PARTICIPATING IN THE 1970-71 STATE DRUG EDUCATION TRAINING PROGRAMS
(As Reported to USOE on NDETP Assessment FORM 1 and Program Information Update Form)

State/Territory	Total Number of Operating School Districts in 1970-71[a]	Number Expected To Participate as of 12/1/70	Number That Have Participated as of 6/30/71	Number That Will Have Participated as of 9/1/71
Alabama*	124	100 (81%)	94 (76%)	96 (77%)
Alaska*	28	16 (57%)	11 (39%)	11 (39%)
Arizona*	292 (700 schools)	?	255 (87%)	255 (87%)
Arkansas*	386	125 (32%)	120 (31%)	120 (31%)
California*	1,120	1,008 (90%)	511 (46%)	511 (46%)
Colorado*	181	74 (41%)	74 (41%)	74 (41%)
Connecticut*	169	54 (32%)	31 (18%)	31 (18%)
Delaware*	26	26 (100%)	26 (100%)	26 (100%)
District of Columbia	1 (161 schools)	1 (161 schools)(100%)	1 (91 schools)(57%)	1 (91 schools)(57%)
Florida*	67	67 (100%)	67 (100%)	67 (100%)
Georgia	189	165 (87%)		
Hawaii	1 (206 schools)			
Idaho	115	115 (100%)		
Illinois*	1,170	?	900 (77%)	975 (83%)
Indiana*	315	315 (100%)	Did not respond to these questions	
Iowa*	453	125 (28%)	89 (20%)	100 (22%)
Kansas*	311	311 (100%)	260 (84%)	280 (90%)
Kentucky*	192	170 (89%)	150 (78%)	160 (83%)
Louisiana	66	66 (100%)		
Maine*	236	36 (15%)	36 (15%)	36 (15%)
Maryland*	24	24 (100%)	24 (100%)	24 (100%)
Massachusetts*	380	60 (16%)	110 (29%)	120 (32%)
Michigan*	620	541 (87%)	428 (69%)	428 (69%)
Minnesota*	497	437 (88%)	249 (50%)	251 (51%)
Mississippi	150	All Were Invited		
Missouri	616	460 (75%)		
Montana*	674	30 (5%)	30 (5%)	30 (5%)
Nebraska	1,300	250 (19%)		
Nevada	17	15 (88%)		
New Hampshire*	157	?	39 (25%)	39 (25%)
New Jersey	578	578 (100%)		
New Mexico*	89	89 (100%)	89 (100%)	89 (100%)
New York	737	75 (10%)		
North Carolina	152	120 (79%)		
North Dakota*	356	356 (100%)	356 (100%)	365 (100%)
Ohio	631	315 (50%)		
Oklahoma*	665	250 (38%)	250 (38%)	250 (38%)
Oregon*	346	All Were Invited	193 (56%)	193 (56%)
Pennsylvania*	590 (686 schools)	? (314 schools)(46%)	243 (41%)	278 (47%)
Rhode Island*	40	40 (100%)	6 (15%)	6 (15%)
South Carolina	93	All Were Invited		
South Dakota*	270	150 (56%)	150 (56%)	150 (56%)
Tennessee*	147	147 (100%)	142 (97%)	142 (97%)
Texas	1,179	950 (81%)		
Utah*	40	36 (90%)	36 (90%)	38 (95%)
Vermont	272	177 (65%)		
Virginia	134	124 (93%)		
Washington	320	250 (78%)		
West Virginia	55	55 (100%)		
Wisconsin*	452 (in 19 CESAs)	? (19 CESAs)	299 (66%)	299 (66%)
Wyoming	130	50 (38%)		
American Samoa	1	Depending on Need		
Guam*	1	1 (100%)	1 (100%)	1 (100%)
Puerto Rico*	80 (367 schools)	80 (100%)	70 (88%)	80 (100%)
Virgin Islands	2	2 (100%)		
Total[a]	17,237			
Adjusted Total[b]	13,986 (100%)	8,458 (60%)		
Adjusted Total[c]	10,183 (100%)		5,339 (52%)	5,516 (54%)

*33 States/Territories That Reported The Number of School Districts That Have Participated as of 6/30/71 and That Will Have Participated as of 9/1/71

[a] Number of Operating School Districts in 1970-71 as Shown on TABLE 1., Research Report 1970-R15, Estimates of School Statistics, 1970-71, Research Division, National Education Association

[b] Adjusted Total for 46 States/Territories Reporting an Expectation Figure (Column 2)

[c] Adjusted Total for 32 States/Territories That Reported the Number of School Districts That Participated as of 6/30/71 (Column 3) and as of 9/1/71 (Column 4)

TABLE 2: SUMMARY OF TRAINEE EXPECTATION DATA CONTRASTED TO ACTUAL REPORTING DATA
(As Reported on NDETP Assessment FORMS 1 and 2 and Program Information Update Form)

State/Territory	Number of Individuals State Program Expected To Train by 6/30/71		Number of Individuals State Reported on FORM 2 as Having Trained		Number of Individuals State Said They Had Trained by 6/30/71		Number of People the State Expected To Reach with Effects of 1970-71 State EPDA Program	Number of People the State Estimated Having Reached with Effects of 1970-71 EPDA Program
Alabama*	6,000a		8,613b		8,733c (5,354-2-daytrng.)		364,539	--
Alaska*	350a		563b		681c		--	--
Arizona*	500a		835b			4,158f	--	4,158g
Arkansas*	550a		570b		570c		--	--
California*		3,260d	35b	1,661e		2,076f		
Colorado*	360a		342b		342c		--	--
Connecticut*		2,000d		2,678e		2,678f	--	--
Delaware*	753a	1,800d	560b			2,024f		25,165g
District of Columbia			740b			26,301f	157,000 (8,000 teachers) (149,000 students)	
Florida*		919d	147b	1,135e		1,135f		152,653g
Georgia		1,523d	16b	20,034e			45,000	
Hawaii		1,125d	153b					
Idaho	368a	2,800d	129b					
Illinois*		2,800d		4,175e		5,000f		
Indiana*	1,780a		1,204b				7,000	
Iowa*	375a	4,125d	274b		277c	30,417f	30,000	30,000g
Kansas*		2,500d	209b	2,705e		3,238f		
Kentucky*	840a		1,172b		1,172c		36,000	
Louisiana	2,550a		1,829b				24,000 (4,000 teachers) (20,000 students)	
Maine*	198a	1,998d	199b	540e	199c	5,129f		
Maryland*	148a		212b	1,040e	212c	18,258f	40,000	
Massachusetts*	75a		85b		85c	261f		
Michigan*	100a	3,480d		3,093e		3,065f		
Minnesota*	180a	868d		4,703e		4,492f	25,000	
Mississippi	1,000a		1,106b					
Missouri		1,365d	773b				46,500	
Montana*	300a		367b		367c			
Nebraska	500a		487b				25,000	
Nevada	1,250a		1,550b					
New Hampshire*		4,425d	52b	4,453e		4,636f	16,000	
New Jersey	336a	9,186d	333b	536e			30,000	
New Mexico*	723a	2,729d	822b					23,265g
New York	120a	2,500d	118b					
North Carolina		5,190d	173b	3,775e				
North Dakota*	921a	2,000d	952b		1,352c			
Ohio	1,870a	4,000d	1,212b					
Oklahoma*	1,300a		6,450b		22,261c			22,261g
Oregon*	555a		604b		655c			1,645g
Pennsylvania*	1,650-1,735a		1,141b		1,576c			
Rhode Island*	34a	1,800d	34b			1,188f		
South Carolina	250a		205b	7,818e			810,000 (10,000 teachers) (600,000 students) (200,000 community)	
South Dakota*	1,200a	2,200d	1,016b		1,016c			
Tennessee*	1,000a		674b		825c			
Texas	'Impossible to say...'		377b	19,714e				
Utah*		2,546d	185b	3,792e		3,990f		
Vermont	360a	2,140d	333b	372e				
Virginia	168a		168b	917e			53,500	
Washington	2,850a		1,630b					
West Virginia	515a		514b					
Wisconsin*	--		77b	8,378e (3 Levels)		3,830f (2 Levels)		
Wyoming	250a		117b					
American Samoa	'Cannot be known until the need arises...'							
Guam*	90a		90b		90c			
Puerto Rico*		706d	40b	6,050e		6,260f	158,500 (8,500 teachers) (150,000 students)	14,073g
Virgin Islands	140a		140b				24,000 (1,000 teachers) (24,000 students)	

---

[a] A December 1, 1970 Prediction of the Number of Individuals Expected To Be Trained by June 30, 1971, by the State Team (Level 1).

[b] Actual Number of Individuals Reported on NDETP Assessment FORM 2 as Having Been Trained by the State Team (Level 1).

[c] Actual Number of Individuals Reported on NDETP Update Information Form as Having Been Trained by the State Team (Level 1), as of June 30, 1971.

[d] A December 1, 1970 Prediction of the Number of Individuals Expected To Be Trained by June 30, 1971, via the "Multiplier Effect" Process (consisting of the State Team and Others Who Had Become Trainers as a Result of their NDETP Training).

[e] Actual Number of Individuals Reported on NDETP Assessment FORM 2 as Having Been Trained via the "Multiplier Effect" Process (consisting of the State Team and Others Who Had Become Trainers as a Result of their NDETP Training).

[f] Actual Number of Individuals Reported on NDETP Update Information Form as Having Been Trained by June 30, 1971, via the "Multiplier Effect" Process (consisting of the State Team and Others Who Had Become Trainers as a Result of their NDETP Training).

[g] Figure Reported on NDETP Update Information Form as the Most Accurate Estimate of the Number of People Known To Have Been Reached with the Effects of the "Multiplier Effect" Process Employed by the State's EPDA Program.

TABLE 3 SUMMARY OF THE NUMBER, TYPE AND PERCENT DISTRIBUTION OF NDETP TRAINEE BY STATE/TERRITORY (For All Levels)
(As Reported to USOE on NDETP Assessment FORM 2)

State/Territory	Number of Training Programs Reported	All State Total	State Level Personnel	County Level Personnel	Community Level Personnel	All School Personnel	Youth
Alabama	65	8,613	25 (--%)	211 (3%)	797(9%)	2,477 (28%)	5,133 (60%)
Alaska	6	563	40 (7%)	--	281(50%)	154 (27%)	88 (16%)
Arizona	23	835	17 (2%)	18 (2%)	34(4%)	756 (91%)	10 (1%)
Arkansas	10	570	34 (6%)	62 (11%)	55(10%)	237 (41%)	182 (32%)
California	40	1,661	1½(--%)	108½(7%)	526(32%)	771 (46%)	253½(15%)
Colorado	6	342	4 (1%)	59 (17%)	61(18%)	134 (39%)	84 (25%)
Connecticut	(34*)	2,678	34 (1%)	--	62(2%)	1,784 (67%)	798 (30%)
Delaware	11	560	10 (2%)	--	81(14%)	302 (54%)	167 (30%)
District of Columbia	4	740	--	--	--	699 (94%)	41 (6%)
Florida	8	1,135	124 (11%)	40 (3%)	201(18%)	631 (56%)	139 (12%)
Georgia	101	20,034	10 (--%)	42 (--%)	2,086½(10%)	1,769 (9%)	16,126½(81%)
Hawaii	3	153	7 (5%)	--	61(40%)	54 (35%)	31 (20%)
Idaho	3	129	28 (22%)	2 (-2%)	17(13%)	25 (19%)	57 (44%)
Illinois	28	4,175	66 (2%)	198 (5%)	651(15%)	3,179 (76%)	81 (2%)
Indiana	11	1,204	2 (--%)	--	127(11%)	1,014 (84%)	61 (5%)
Iowa	5	274	2 (1%)	2 (1%)	82(30%)	99 (36%)	89 (32%)
Kansas	16	2,705	5 (--%)	25 (1%)	1,018(38%)	961 (35%)	696 (26%)
Kentucky	14	1,172	88 (7%)	25 (2%)	67(6%)	632 (54%)	360 (31%)
Louisiana	4	1,829	3 (--%)	55 (3%)	112(6%)	958 (53%)	701 (38%)
Maine	6	540	3 (1%)	--	89(16%)	225 (42%)	223 (41%)
Maryland	9	1,040	25 (2%)	38 (4%)	199(19%)	532 (51%)	246 (24%)
Massachusetts	1	85	--	--	18½(22%)	52 (61%)	14½(17%)
Michigan	10	3,093	81 (3%)	37 (1%)	520(17%)	1,742 (56%)	713 (23%)
Minnesota	45	4,703	2 (--%)	--	555(12%)	3,785 (80%)	361 (8%)
Mississippi	8	1,106	4 (--%)	9 (1%)	180(16%)	381 (35%)	532 (48%)
Missouri	8	773	11 (1%)	5 (1%)	28(4%)	603 (78%)	126 (16%)
Montana	10	367	7 (2%)	19 (5%)	76(21%)	135 (37%)	130 (35%)
Nebraska	5	487	2 (--%)	3 (1%)	92½(19%)	244½(50%)	145 (30%)
Nevada	26	1,550	3 (--%)	15 (1%)	115(7%)	1,314 (85%)	103 (7%)
New Hampshire	60	4,453	13 (-1%)	--	685(15%)	769 (17%)	2,986 (67%)
New Jersey	14	536	21 (4%)	--	22(4%)	487 (91%)	6 (1%)
New Mexico	11	822	4 (--%)	--	191(23%)	466 (57%)	161 (20%)
New York	2	118	--	--	1(1%)	117 (99%)	--
North Carolina	24	3,775	--	12 (--%)	1,112(30%)	2,499 (66%)	152 (4%)
North Dakota	18	952	144½(15%)	1 (--%)	347½(37%)	214 (22%)	245 (26%)
Ohio	11	1,212	2 (--%)	--	13(1%)	1,197 (99%)	--
Oklahoma	49	6,450	19 (--%)	--	444(7%)	2,171 (34%)	3,816 (59%)
Oregon	12	604	1 (--%)	--	39(6%)	559 (93%)	5 (1%)
Pennsylvania	17	1,141	2 (--%)	15 (1%)	232(20%)	602 (53%)	290 (26%)
Rhode Island	1	34	--	--	--	21 (62%)	13 (38%)
South Carolina	14	7,818	16 (--%)	9 (--%)	1,357(17%)	2,341 (30%)	4,095 (53%)
South Dakota	7	1,016	--	--	252(25%)	263 (26%)	501 (49%)
Tennessee	10	674	22 (3%)	5 (1%)	27(4%)	352 (52%)	268 (40%)
Texas	124	19,714	377 (2%)	8 (--%)	402(2%)	10,093 (51%)	8,834 (45%)
Utah	19	3,792	26 (1%)	14 (--%)	590(16%)	2,396 (63%)	766 (20%)
Vermont	11	372	2 (1%)	--	89(24%)	127 (34%)	154 (41%)
Virginia	6	917	6 (1%)	10 (1%)	22(2%)	871 (95%)	8 (1%)
Washington	34	1,630	2 (--%)	1 (--%)	421(26%)	741 (45%)	465 (29%)
West Virginia	10	514	43 (8%)	10 (2%)	27(5%)	200 (39%)	234 (46%)
Wisconsin	81	8,378	5 (--%)	307 (4%)	3,029(36%)	1,189 (14%)	3,848 (46%)
Wyoming	4	117	--	--	51(44%)	66 (56%)	--
American Samoa	0	-0-	--	--	--	--	--
Guam	2	90	1 (+1%)	--	--	85 (94%)	4 (+4%)
Puerto Rico	132	6,050	40 (½ %)	34 (½ %)	723(12%)	4,612 (76%)	641 (11%)
Virgin Islands	3	140	3 (+2%)	--	2(+1%)	111 (79%)	24 (17%)
TOTALS	1,162	134,435	1,388(1%)	1,399½(1%)	18,271(14%)	58,169 (43%)	55,207½(41%)

*This figure of 34 represents 30 direct grants to 30 of the state's 169 towns plus 4 grants to 4 regional education service agencies which trained an additional 49 towns. However, these 34 grants were not depicted on FORM 2s as individual programs. The totals were forwarded by the State Coordinator, so the exact number of training programs which trained the total of 2,678 is not known. Therefore, the 34 is not reflected in the total of training programs (1162) which were reported on FORM 2s for the NDETP assessment.

TABLE 3a SUMMARY OF THE NUMBER, TYPE AND PERCENT DISTRIBUTION OF NDETP TRAINEE BY STATE/TERRITORY
(For All Levels as Reported to USOE on NDETP Assessment FORM 2 and Program Information Update Form)

State/Territory	All State Total	State Level Personnel	County Level Personnel	Community Level Personnel	All School Personnel	Youth
Alabama*	8,733	25	221 (3%)	802 (9%)	2,490 (29%)	5,195 (59%)
Alaska*	681	49 (7%)	--	265 (39%)	250 (37%)	117 (17%)
Arizona*	4,158	17 (-1%)	37 (1%)	2,135 (+51%)	1,920 (46%)	49 (1%)
Arkansas*	570	34 (6%)	62 (11%)	55 (10%)	237 (41%)	182 (32%)
California*	2,076	1½	108½ (5%)	631 (30%)	991½ (48%)	343½ (17%)
Colorado*	342	4 (1%)	59 (17%)	61 (18%)	134 (39%)	84 (25%)
Connecticut*	2,678	34 (1%)	--	62 (2%)	1,784 (67%)	798 (30%)
Delaware*	25,165	15	--	309 (1%)	1,055 (4%)	23,786 (95%)
District of Columbia	26,301	--	--	3,422 (13%)	2,672 (10%)	20,207 (77%)
Florida*	152,653	124	40	201	28,444 (19%)	123,844 (81%)
Georgia	20,034	10	42	2,086½ (10%)	1,769 (9%)	16,126½ (81%)
Hawaii	153	7 (5%)	--	61 (40%)	54 (35%)	31 (20%)
Idaho	129	28 (22%)	2 (-2%)	17 (13%)	25 (19%)	57 (44%)
Illinois*	4,175	66 (2%)	198 (5%)	651 (15%)	3,179 (76%)	81 (2%)
Indiana*	1,204	2	--	127 (11%)	1,014 (84%)	61 (5%)
Iowa*	30,417	32	112	6,582 (22%)	2,101 (7%)	21,590 (71%)
Kansas*	3,238	4	22 (1%)	1,218 (38%)	1,277 (39%)	717 (22%)
Kentucky*	1,172	88 (7%)	25 (2%)	67 (6%)	632 (54%)	360 (31%)
Louisiana	1,829	3	55 (3%)	112 (6%)	958 (53%)	701 (38%)
Maine*	5,129	3	--	1,289 (25%)	691 (14%)	3,146 (61%)
Maryland*	18,258	23	34	1,499 (8%)	16,065 (88%)	637 (4%)
Massachusetts*	261	--	--	20½ (8%)	226 (87%)	14½ (5%)
Michigan*	3,093	81 (3%)	37 (1%)	520 (17%)	1,742 (56%)	713 (23%)
Minnesota*	4,703	2	--	555 (12%)	3,785 (80%)	361 (8%)
Mississippi	1,106	4	9 (1%)	180 (16%)	381 (35%)	532 (48%)
Missouri	773	11 (1%)	5 (1%)	28 (4%)	603 (78%)	126 (16%)
Montana*	367	7 (2%)	19 (5%)	76 (21%)	135 (37%)	130 (35%)
Nebraska	487	2	3 (1%)	92½ (19%)	244½ (50%)	145 (30%)
Nevada	1,550	3	15 (1%)	115 (7%)	1,314 (85%)	103 (7%)
New Hampshire*	4,636	13	--	685 (15%)	817 (18%)	3,121 (67%)
New Jersey	536	21 (4%)	--	22 (4%)	487 (91%)	6 (1%)
New Mexico*	822	4	--	191 (23%)	466 (57%)	161 (20%)
New York	118	--	--	1 (-1%)	117 (+99%)	--
North Carolina	3,775	--	12	1,112 (30%)	2,499 (66%)	152 (4%)
North Dakota*	1,352	144½ (11%)	1	527½ (39%)	404 (30%)	275 (20%)
Ohio	1,212	2	--	13 (1%)	1,197 (99%)	--
Oklahoma*	22,261	429 (2%)	3,636 (16%)	4,664 (21%)	429 (2%)	13,103 (59%)
Oregon*	1,645	--	--	560 (34%)	665 (40%)	420 (26%)
Pennsylvania*	1,576	12 (1%)	18 (1%)	403 (26%)	790 (50%)	353 (22%)
Rhode Island*	1,188	5 (½%)	--	--	1,170 (98½%)	13 (1%)
South Carolina	7,818	16	9	1,357 (17%)	2,341 (30%)	4,095 (53%)
South Dakota*	1,016	--	--	252 (25%)	263 (26%)	501 (49%)
Tennessee*	825	42 (5%)	35 (4%)	23 (3%)	390 (47%)	335 (41%)
Texas	19,714	377 (2%)	8	402 (2%)	10,093 (51%)	8,834 (45%)
Utah*	3,990[a]	(awaiting FORM 2 descriptions on last 4 District Workshops)				
Vermont	372	2 (1%)	--	89 (24%)	127 (34%)	154 (41%)
Virginia	917	6 (1%)	10 (1%)	22 (2%)	871 (95%)	8 (1%)
Washington	1,630	2	1	421 (26%)	741 (45%)	465 (29%)
West Virginia	514	43 (8%)	10 (2%)	27 (5%)	200 (39%)	234 (46%)
Wisconsin*	3,830[b]	3	8	446 (12%)	968 (25%)	2,405 (63%)
Wyoming	117	--	--	51 (44%)	66 (56%)	--
American Samoa	-0-	--	--	--	--	--
Guam*	90	1 (+1%)	--	--	85 (94%)	4 (+4%)
Puerto Rico*	14,169	86 (-1%)	34	3,154 (22%)	6,532 (46%)	4,363 (31%)
Virgin Islands	140	3 (+2%)	--	2 (+1%)	111 (79%)	24 (17%)
TOTALS	415,698					
ADJUSTED TOTALS[c]	411,708	1,891 (-1%)	4,887½ (1%)	37,664 (9%)	108,002 (26%)	259,263½ (63%)

*33 States and Territories That Returned Program Information Update Forms Reflecting a) Training Figures for '70-'71 School Year Programs for which No FORM 2 Had Been Submitted to USOE; b) 1971 Summer Training Programs for which No FORM 2 Had Been Submitted to USOE, or c) Concurrence with the Figures Already Reported to USOE on FORM 2 and Shown on TABLE 3.

[a] Utah Reports Having Trained a Total of 3,990 Individuals; However, the Breakdown of Types of Trainees Is Depicted on FORM 2s which Have Not Been Received as of October 30, 1971.

[b] The Wisconsin State Team Did Not Record Individuals Trained Beyond Levels 1 and 2; However, the CESA Teams Submitted FORM 2s for Local School (Level 3) Training. This Accounts for the Difference in the Wisconsin Totals on TABLES 3 and 3a.

[c] The Adjusted Total Is Computed by Subtracting Utah's 3,990 Total Since the Breakdown in the Other Five Columns Is Not Available.

ADDENDUM TO TABLE 3a

With reference to the 33 states and territories that returned NDETP Program Information Update Forms (depicted with an asterisk on the foregoing TABLE 3a), two questions were asked of the State Coordinator:

1) What is your source for these (updated) data?
2) Are there changes and/or additions you wish to make with reference to the number of trainees being reported to USOE for your state or territory?

Following are the itemized (1 and 2) responses given by each of the 33 states and territories.

Alabama
1) Did not respond to this question
2) None

Alaska
1) Workshop Sign-up Sheets
2) None

Arizona
1) Follow-up evaluation reports from workshop participants
2) None

Arkansas
1) Registration at each training center
2) None

California
1) Official State Drug Education Training Program Records and Records of Long Beach Unified School District
2) a) Addition to Duration of Training Chart, page 1, Summary for California -- Level 3 -- all 1489 trainees had between 30 and 40 hours of training. We recommend strongly that the category listed as 10 to 40 hours of training contact be broken into smaller segments. There is a significant difference between 10-20 and 30-40 hours of training! (Editor's Note: This recommendation was appreciated and acted upon. The results are shown on TABLE 4.)
   b) For the 4th Level of Training, which took place in one of our ten largest school districts, each person involved received 14 hours of training.
   c) There is a major error at the bottom of page 2, below Table 3A. The State Leadership Team did not receive training at any National Training Center. Please delete reference to Adelphi and S.F.S.C.

Colorado
1) Data will remain the same as originally reported
2) Note: Under Table 3A, a statement reflects that the "figure (Total Number of State Level Personnel who have received NDETP Training in FY '70: 4) does not include 6 members of the State Leadership Team who received four weeks of training at the National Training Centers sponsored by Adelphi University (1) and SFSC (5)." Correction: all 6 were trained at San Francisco State College (SFSC). We had no trainees at Adelphi.

Connecticut
1) Sheets returned by each of the 31 LEAs
2) None

Delaware
1) Progress Report
2) The Level 3 figure for Youth (23,176) represents the number of 5th and 6th graders who were provided with classroom instruction during Drug Awareness Week - May 10 - 14, 1971.

Florida
1) (See Other Changes)
2) The Level 3 figures (27,813 School Personnel and 123,705 Youth) have been changed but exact number is not available. The attached charting of progress of local school districts presents an approximate figure for Level 3 involvement: 151,518 Total. No indication of community personnel trained at Level 3. NOTE: the Totals reflected on the Updated Table 3a include estimates from Level 3.

Illinois
1) Did not respond to this question
2) None

ADDENDUM TO TABLE 3a (page 2)

Indiana

1) Did not respond to this question

2) The forms returned in April 1971 reflected the total participants in our training sessions.

Iowa

1) Did not respond to this question

2) None

Kansas

1) Reports from Regional Training Centers

2) Enclosed are regional lists of people attending the last 4 workshops (not previously reported on FORM 2s). Names are not available for one workshop at the regional level.

Kentucky

1) Data supplied by Kentucky to USOE (Note: Data not available on Levels 2 and 3)

2) None

Maine

1) (See Other Changes)

2) As the MDEP "multiplier effect" progresses beyond the third level, the numbers of people involved directly or indirectly is increasingly more difficult to accurately measure. For example, it is impossible to determine with any degree of accuracy the number of participants involved in on-going community and school summer action programs. This also holds true with regard to organized youth/adult small group meetings for continuing group discussions and counseling and also for ascertaining the numbers of students who have been directly reached with innovative classroom humanizing processes utilized as a result of our program within the school systems.
We know that as a result of the MDEP, many communities and schools have created and supported local drug crisis intervention and referral centers. They have been designed for not only counseling and assistance, but also for continuing preventive drug use and abuse education programs. Again, complete data on the numbers of people involved with such services is virtually impossible to obtain.
We do, however, for the above reasons, submit that the figures we have compiled thus far are in reality lower than those actually representing the total number of people who have both directly and indirectly been affected and involved in the MDEP. We further expect that by October 1, 1971, the reported figures will be updated to include more state level trainer institutes, local school and community summer programs, and early fall local preventive drug education programs. (Editor's Note: The October 1 report has not been received as of October 30, 1971.)

Maryland

1) An evaluation form completed by each county on their local drug awareness programs

2) None

Massachusetts

1) Attendance records kept

2) The Level 1 figure of 85 individuals includes State Level Personnel. Such persons were classified on the basis of their occupational-professional background.

Michigan

1) Participants' declaration of their classification at registration

2) Reports on some 9 other Level 1 training programs serving some 2,500 additional persons have been completed since the last report and are being submitted with this report. (Editor's Note: These figures are reflected on both TABLEs 3 and 3a since each of the 9 training programs was described on FORM 2.)

Minnesota

1) Additional reports from schools

2) None

Montana

1) No Change

2) No change from the data as originally reported

New Hampshire

1) Final tabulations of programs for entire year

2) None

ADDENDUM TO TABLE 3a (page 3)

New Mexico

1) Did not respond to this question
2) None

North Dakota

1) Shelley summary plus additions
2) Additional Workshops (to those already reported on Shelley NDETP Assessment Forms):
   Mary College, April 28 -- 30 community people (2 hours)
   150 Occupational Therapists (6 hours)
   Dickinson State Teachers College -- 150 new teachers (3 hours)
   Self-Enhancement Education, June 7-11 -- 20 educators (30 hours)
   " " " June 14-18 -- 20 educators (30 hours)
   Tioga Communication Workshop, June -- 30 students (30 hours)

Oklahoma

1) Records kept during the 1970-71 school year by our office
2) The number of School Districts participating (250 out of 600) has not changed in this category since April 1, 1971 report. The total number of people who have received training as of June 30, 1971: 22,261 -- this figure does not actually represent the number of trained personnel in the state of Oklahoma. The 22,261 people do represent the number of people who have taken part in our program presentations at varying lengths. We have provided in-depth drug education training to 429 adult educators and 124 students as of June 30, 1971.

Oregon

1) Rosters of participants
2) Note: It is estimated that 15 DEPOT Coordinators, 650 teachers, 255 guests, 420 students and 305 community resource participants were involved in this program. The number given in answer to Question 3 (655 people who have received training as of June 30, 1971), refers only to those participants staying for the entire 40-hour workshop presentation.

Pennsylvania

1) Office records recorded on E. F. Shelley and Company Form 1 and 2
2) Temple University is conducting 4 residency workshops during the summer. No reports are available at this time on these sessions. East Stroundsburg State College is conducting 1 workshop during the summer. No report is available at this time.

Rhode Island

1) Did not respond to this question
2) None

South Dakota

1) Sign-up Sheets from Regional Workshops
2) None

Tennessee

1) Totals from 10 Regional Workshops
2) A Make-Up Conference is planned for the 7 (school) systems who did not participate during 1970-71.

Utah

1) See your own print-out! I am not going to redo what we have so tediously already done!!!
2) You have received completed FORMS 2 and 3 on all but 4 of the 36 follow-up workshops or seminars. We will send these four as soon as possible. Two additional school districts will be involved in August and September. This makes 38 of 40 districts in the state who have participated in the State Drug Education Program.

Wisconsin

1) Reports from Cooperative Educational Service Agencies (CESAs)
2) All 456 School Districts in Wisconsin are assigned to the 19 Cooperative Educational Service Agencies (CESAs). These agencies took the place of the county superintendents' offices. No county data is available since records are kept by CESAs. Also, data from the individual school districts are not available at this time. Information will be sought on a sample basis as a part of the 1971-72 evaluation. (See: Enclosed "Summary of CESA Reports of Drug Education Project Activities, 1970 - 1971" for complete details as to 1) Inservice Programs, 2) Total Number of Participants, 3) Content of Program, 4) Length of Workshop, 5) Materials Purchased, and 6) Report of Additional Funds generated by each CESA for Drug Education Training. (Editor's Note: This report is contained in the Wisconsin Program Description of Purposes and Methods located in the Appendix.)

ADDENDUM TO TABLE 3a (page 4)

Guam
1) Project Director's Records
2) None
Puerto Rico
1) FORMS 2 and 3 (of the Shelley Company NDETP Assessment Instrument)
2) None

TABLE 4 DURATION OF TRAINING (As Reported to USOE on NDETP Assessment FORM 2)

State/Territory Levels of Training	State's Description of Its Training Programs by Levels	Number of Training Programs Reported by Level	State Totals and Number of Trainees Reported by Level	Number of Trainees by Level -- and the Number of Hours of Training Each Received						
				1 Hour or Less	1+ Hours to 3 Hours	3+ Hours to 5 Hours	5+ Hours to 10 Hours	10+ Hours to 20 Hours	20+ Hours to 40 Hours	40+ Hours or More
Alabama Level 1	Varied Programs - all given by 3 2-member Regional Teams	65	8613		2319 (27%)	2001 (23%)	3377 (39%)	916 (11%)		
Alaska Level 1	Regional Workshops	6	563				42 (7%)		521 (93%)	
Arizona Level 1	District Level Workshops	23	835					835 (100%)		
Arkansas Level 1	Regional Workshops	10	570					570 (100%)		
California	TOTALS FOR ALL LEVELS:	40	1661						1549 (93%)	112 (7%)
Level 1	Regional Training	1	35							35 (100%)
Level 2	Sub-Regional Training	6	137						60 (44%)	77 (56%)
Level 3	District Level Training	33	1489						1489 (100%)	
Colorado Level 1	Regional Training Programs	6	342							342 (100%)
Connecticut	TOTALS FOR ALL LEVELS:	?	2678							
Grants to 30 Towns and 4 Regional Education Ser. Agencies		?	2301	Hours of Training were not reported						
Grant to Department of Children and Youth Services		?	377							
Delaware	TOTALS FOR ALL LEVELS:	11	560						560 (100%)	
Level 1	Chief School Officers Workshop	1	42						42 (100%)	
Level 2	School District Leadership	10	518						518 (100%)	
District of Columbia Level 1	School Personnel Training	4	740		518 (70%)				222 (30%)	
Florida	TOTALS FOR ALL LEVELS:	8	1135					1135 (100%)		
Level 1	State Leadership Conference	1	147					147 (100%)		
Level 2	Regional Training Conferences	7	988					988 (100%)		
Georgia	TOTALS FOR ALL LEVELS:	101	20,034	5729 (29%)	7434 (37%)	774 (4%)	2220 (11%)	2024 (10%)	1281 (6%)	572 (3%)
Level 1 -- Regional University Instructors' Workshop		1	16							16 (100%)
Level 2 -- University Regional Training Center Program		30	822						801 (97%)	21 (3%)
Level 3 -- Local Program for Teachers, Students, Parents		68	19,174	5729 (30%)	7434 (39%)	774 (4%)	2220 (11%)	2024 (11%)	458 (2%)	535 (3%)
	Summer 1971 ECI Training	2	22						22 (100%)	
Hawaii Level 1	School District Training Sessions	3	153						61 (40%)	92 (60%)
Idaho	TOTALS FOR ALL LEVELS:	3	129					28 (22%)	101 (78%)	
Level 1 -- Training State Dept. of Education Personnel		1						28 (100%)		
-- 1 Youth Conference, 1 Regional Conference		2							101 (100%)	
Illinois	TOTALS FOR ALL LEVELS:	28	4175				2269 (54%)		1906 (46%)	
Level 1 -- University Extension Short Courses		8	330				330 (100%)			
-- Community Seminars		20	3845				1939 (50%)		1906 (50%)	
Indiana Level 1	Regional Training Programs	11	1204			88 (7%)	1005 (84%)	111 (9%)		
Iowa Level 1	School-Community Training Programs	5	274							274 (100%)

TABLE 4 DURATION OF TRAINING (As Reported to USOE on NDETP Assessment FORM 2)

State/Territory Levels of Training	State's Description of Its Training Programs by Levels	Number of Training Programs Reported by Level	State Totals and Number of Trainees Reported by Level	Number of Trainees by Level -- and the Number of Hours of Training Each Received: 1 Hour or Less	1+ Hours to 3 Hours	3+ Hours to 5 Hours	5+ Hours to 10 Hours	10+ Hours to 20 Hours	20+ Hours to 40 Hours	40+ Hours or More
Kansas	TOTALS FOR ALL LEVELS:	16	2705					2442 (90%)	209 (8%)	54 (2%)
Level 1 - Regional Leadership Training Program		1	209						209 (100%)	
Level 2 - School District Team Leadership Conferences		14	2442					2442 (100%)		
- Summer '71 Pilot Center Teams		1	54							54 (100%)
Kentucky										
Level 1	Regional Workshops	14	1172					729 (62%)	443 (38%)	
Louisiana										
Level 1	Regional Workshops	4	1829					1829 (100%)		
Maine	TOTALS FOR ALL LEVELS:	6	540					85 (16%)		455 (84%)
Level 1 - Central Drug Education Training Workshops		3	199							199 (100%)
*Level 2 - Individual Community Training Seminars		3	341					85 (25%)		256 (75%)
Maryland	TOTALS FOR ALL LEVELS:	9	1040			164 (16%)		114 (11%)	550 (53%)	212 (20%)
Level 1	Regional Workshops	4	212							212 (100%)
*Level 2	County Workshops	5	828			164 (20%)		114 (14%)	550 (66%)	
Massachusetts										
Level 1	Regional Team Training	1	85						85 (100%)	
Michigan										
Level 1 - Regional In-Service Leadership Conference		10	3093				94 (3%)	1670 (54%)	1329 (43%)	
Minnesota	TOTALS FOR ALL LEVELS:	45	4703	105 (2%)	1907 (23%)	93 (2%)	1940 (41%)	448 (10%)	1020 (22%)	
Level 1 - In-Service Training for School Districts		31	2789	105 (4%)	806 (29%)	93 (3%)	1536 (55%)	249 (9%)		
Level 2 - Demonstration School District/Community Program		14	1914		291 (15%)		404 (21%)	199 (11%)	1020 (53%)	
Mississippi										
Level 1 - Regional (Multi-County) Drug Education Workshops		8	1106					1106 (100%)		
Missouri	TOTALS	8	773							
Level 1	3 State Teams Experimental Program	1	99				99 (13%)			
	Regional Training Programs	7	674						674 (87%)	
Montana										
Level 1	Local Workshops	10	367						367 (100%)	
Nebraska										
Level 1	School District Training Workshops	5	487					78 (16%)	409 (84%)	
Nevada										
Level 1	School District Level Workshops	26	1550		73 (5%)	552 (36%)	629 (40%)	296 (19%)		
New Hampshire	TOTALS FOR ALL LEVELS:	60	4453	160 (4%)	440 (10%)	548 (12%)	1570 (35%)	1683 (38%)		52 (1%)
Level 1 - Local School District Leadership Training		2	52							52 (100%)
Level 2 - Teacher Workshops		14	618	50 (8%)	187 (30%)	85 (14%)	296 (48%)			
- Student Workshops		16	2721	110 (4%)	103 (4%)	331 (12%)	1077 (40%)	1100 (40%)		
- Community Planning Groups		5	282		150 (53%)	132 (47%)				
- ETV Community Discussion Groups		23	780				197 (25%)	583 (75%)		
New Jersey	TOTALS FOR ALL LEVELS:	14	536					11 (2%)		525 (98%)
Level 1	Drug Institutes for Teachers	3	333							333 (100%)
Level 2	School District Training Programs	11	203					11 (5%)		192 (95%)

*State was asked to -- and agreed to furnish a representative sample of its Level 2 training programs to facilitate sampling of trainees who received training through the "multiplier effect" process

TABLE 4 DURATION OF TRAINING (As Reported to USOE on NDETP Assessment FORM 2)

State/Territory Levels of Training	State's Description of Its Training Programs by Levels	Number of Training Programs Reported by Level	State Totals and Number of Trainees Reported by Level	Number of Trainees by Level -- and the Number of Hours of Training Each Received						
				1 Hour or Less	1+ Hours to 3 Hours	3+ Hours to 5 Hours	5+ Hours to 10 Hours	10+ Hours to 20 Hours	20+ Hours to 40 Hours	40+ Hours or More
New Mexico										
Level 1	Regional Programs	11	822					38 (5%)	631 (77%)	153 (18%)
New York										
Level 1 - Training for Local Inservice Instructors		2	118						40 (34%)	78 (66%)
North Carolina	TOTALS FOR ALL LEVELS:	24	3775 (2799)**	621 (22%)		255(9%)	1503 (54%)	222 (8%)	25 (1%)	173 (6%)
Level 1	Statewide Teacher Training	1	173							173 (100%)
Level 2	Local School Unit Training Programs	23	3602 (2626)**	621 (24%)		255 (10%)	1503 (57%)	222 (8%)	25 (1%)	
	**No Information on Number of Hours of Training Given 976 Trainees at Level 2.									
North Dakota										
Level 1 - Drug Education Training Workshops for Various Groups (School Districts, State Hospital, Clergy, etc.)		18	952		142 (15%)	322 (34%)	470 (49%)		18 (2%)	
Ohio	TOTALS	11	1212				966 (80%)	246 (20%)		
Level 1	Statewide Workshops	2	246					246 (100%)		
	Regional Workshops	9	966				966 (100%)			
Oklahoma	TOTALS	49	6450	1002(15%)	2574 (40%)	1084(17%)	643(10%)	1099(17%)		48 (1%)
Level 1 - Statewide Leadership Workshops		2	273					273(100%)		
- Regional Leadership Workshops		5	231					231(100%)		
- Countywide and City Workshops		41	5898	1002(17%)	2574(44%)	1084 (18%)	643(11%)	595 (10%)		
- Summer '71 University Workshop		1	48							48(100%)
Oregon										
Level 1	DEPOT Workshops	12	604						604 (100%)	
Pennsylvania										
Level 1 - University-Centered Regional Leadership Training		17	1141					587 (51%)	519 (46%)	35 (3%)
Rhode Island										
Level 1 - Additional Training for Teachers and Students		1	34							34 (100%)
South Carolina	TOTALS FOR ALL LEVELS:	14	7818		481(6%)	3315(42%)	1237(16%)		2785(36%)	
Level 1 - Regional Training Workshops		5	205						205 (100%)	
Level 2 - Combination of District and Local Workshops		9	7613		481 (6%)	3315 (44%)	1237 (16%)		2580 (34%)	
South Dakota										
Level 1	Area Community Workshops	7	1016					1016 (100%)		
Tennessee										
Level 1	Regional Training Conferences	10	674						674 (100%)	
Texas	TOTALS FOR ALL LEVELS:	124	19, 714	2004(10%)	5163(26%)	973(5%)	2670(14%)	6542(33%)	2342 (12%)	20(- %)
Level 1 - Regional Coordinators' Training (3 sessions)		3	20							20 (5%)
- Texas Education Agency Personnel Training		2	357						357 (95%)	
Level 2 - LEA Leadership Team Training		78	12, 491	143 (1%)	2005 (16%)	58 (-1%)	2008 (16%)	6292(+50%)	1985 (16%)	
Level 3 - Local School Programs		41	6, 846	1861 (27%)	3158 (46%)	915 (13%)	662 (10%)	250 (4%)		

TABLE 4 DURATION OF TRAINING (As Reported to USOE on NDETP Assessment FORM 2)

State/Territory Levels of Training	State's Description of Its Training Programs by Levels	Number of Training Programs Reported by Level	State Totals and Number of Trainees Reported by Level	Number of Trainees by Level -- and the Number of Hours of Training Each Received						
				1 Hour or Less	1+ Hours to 3 Hours	3+ Hours to 5 Hours	5+ Hours to 10 Hours	10+ Hours to 20 Hours	20+ Hours to 40 Hours	40+ Hours or More
Utah	TOTALS FOR ALL LEVELS:	19	3792		81 (2%)	421 (11%)	1221 (32%)	1682 (45%)	202 (5%)	185 (5%)
Level 1	Statewide Seminar	1	185							185 (100%)
Level 2 - Regional and/or School District Training Programs		18	3607		81 (2%)	421 (12%)	1221 (34%)	1682 (47%)	202 (5%)	
Vermont	TOTALS FOR ALL LEVELS:	11	372					39 (10%)	333 (90%)	
Level 1	Regional Area Workshops	10	333						333 (100%)	
*Level 2	School Union Workshop	1	39					39 (100%)		
Virginia	TOTALS FOR ALL LEVELS:	6	917					749 (82%)		168 (18%)
Level 1	State Inservice Workshops	4	168							168 (100%)
*Level 2	Local School District Workshops	2	749					749 (100%)		
Washington	TOTALS	34	1630				28 (2%)	1602 (98%)		
Level 1	Program Directors' Workshops	8	162					162 (100%)		
	Leadership Workshops	26	1468				28 (2%)	1440 (98%)		
West Virginia	TOTALS	10	514				318 (62%)		196 (38%)	
Level 1	Teacher Workshops	3	196						196 (100%)	
	Youth Conferences	7	318				318 (100%)			
Wisconsin	TOTALS FOR ALL LEVELS:	81	8378	5743 (69%)	1664 (20%)	432 (5%)	94 (1%)	171 (2%)	197 (2%)	77 (1%)
Level 1 - State Level Training for 19 CESA Teams		1	77							77 (100%)
Level 2 -	CESA Regionals	3	265					103 (39%)	162 (61%)	
Level 3 -	CESA Local School Training	77	8036	5743 (72%)	1664 (21%)	432 (5%)	94 (1%)	68 (1%)	35 (-%)	
Wyoming	TOTALS	4	117		15 (13%)	50 (43%)				52 (44%)
Level 1 - School Personnel Throughout the State		2	52							52 (100%)
- State PTA Conference		1	50			50 (100%)				
- Cody School Personnel Training		1	15		15 (100%)					
American Samoa Nothing Reported		--	----							
Guam Level 1 - Training for Administrators, Teachers, Nurses and Counselors		2	90					90 (100%)		
Puerto Rico	TOTALS FOR ALL LEVELS:	132	6050	71 (1%)	866 (14%)	688 (11%)	1705 (28%)	1967 (33%)	753 (13%)	
Level 1	State Level Training	1	40						40 (100%)	
Level 2	Regional Level Training	131	6010	71 (1%)	866 (14%)	688 (12%)	1705 (28%)	1967 (33%)	713 (12%)	
Virgin Islands Level 1	St. Thomas Team Training	3	140		8 (6%)		10 (7%)			122 (87%)
TOTALS FOR ALL STATES/TERRITORIES....		1162	130,781[a]	15,435 (12%)	22,875 (17%)	11,760 (9%)	24,110 (18%)	32,160 (25%)	20,606 (16%)	3,835 (3%)
BY LEVELS:										
TOTALS FOR LEVEL 1....................		517	49,166	1,107 (2%)	6,455 (13%)	4,190 (9%)	11,486 (23%)	13,242 (27%)	9,986 (20%)	2,700 (6%)
TOTALS FOR LEVEL 2....................		423	45,994[b]	995 (2%)	4,164 (9%)	5,449 (12%)	9,648 (21%)	16,576 (36%)	8,616 (19%)	546 (1%)
TOTALS FOR LEVEL 3....................		219	35,545	13,333 (38%)	12,256 (34%)	2,121 (6%)	2,976 (8%)	2,342 (7%)	1,982 (6%)	535 (1%)
TOTALS FOR 1971 SUMMER PROGRAMS....		3	76						22 (29%)	54 (71%)

*State was asked to -- and agreed to furnish a representative sample of its Level 2 training programs to facilitate sampling of trainees who received training through the "multiplier effect" process

[a] Totals for All Levels has been adjusted by subtracting 2,678 trainees in Connecticut and 976 trainees in North Carolina because the number of hours of training for each were not identified.

[b] Level 2 Total has been adjusted by subtracting the 976 trainees in North Carolina at Level 2 for whom the hours of training were not identified.

Training Outcomes Questionnaire

This instrument was designed to augment the collection of descriptive data as the multiplier effect was traced across the levels of a state. It gathered information from a sample of persons who had actually been involved in the training programs. The form was structured against the general design specifications of the National program and assessed a trainee's perception of changes in his own opinions, attitudes, and formal actions regarding drug abuse. Since each state and territory developed a program design across its expected levels of impact, a measuring instrument was necessary that would focus on the desired information without being affected by the different program designs. Constraints imposed on the analysis of the data were:

a. Limited evaluation resources for the assessment of NDETP effects across 60,000 school districts;

b. Low response rate to requests for state program designs from state Directors who were to supply names of trainees participating in state programs;

c. Incomplete lists of program participants, which limited sampling at the local level.

The questionnaire was designed to assess participant's perceptions of training. Eliciting a recall of the training session, the questionnaire forced respondents to identify their opinions, attitudes, and actions. The face validity of this instrument was established through field tests in two regions of the United States.

QUESTIONNAIRE

INSTRUCTIONS: Please answer each question by darkening the box representing your answer (s) or by writing in your answer on the lines provided. (Kindly disregard the numerals above boxes--they are machine processing instructions.)

1. A.
Do you feel that drug use in America today is a problem?
11
☐ 1) YES
☐ 2) NO
☐ 3) NO OPINION

B.
If asked a year ago, would you have thought it was a problem?
12
☐ 1) YES
☐ 2) NO
☐ 3) NO OPINION

C.
Do you think it is more of a problem now than last year?
13
☐ 1) YES
☐ 2) NO
☐ 3) NO OPINION

2. Do you believe drug use within your community is more of a problem now than last year?
14
☐ 1) YES
☐ 2) NO
☐ 3) NO OPINION

3. A.
Within the past year do you think you have increased your knowledge concerning drugs, drug abuse, drug prevention agencies and drug information resources in your community?
15
☐ 1) YES
☐ 2) NO
☐ 3) NO OPINION

B.
If you answered yes to question 3A, please check the general areas in which you feel your knowledge has increased:
16
☐ Kinds of drugs and their effects
☐ Individual and social factors affecting drug use
☐ Drug culture jargon
☐ Your state laws concerning drugs
☐ Availability of drugs in your community
☐ Treatment and rehabilitation resources and services available to drug users in your community
☐ Drug prevention programs and services available to potential drug users in your community
☐ Constructive alternatives to the abuse of drugs

4. A.
Within the past year do you think you have changed your attitude or feelings about people who use drugs?
24
☐ 1) YES
☐ 2) NO

B.
If yes, How?

25 30

(for office use only)

5. Does your local community have drug education program (s)?
31
☐ 1)YES
☐ 2) NO
☐ 3) DON'T KNOW

6. A.
Are you presently engaged in any aspect of drug education or rehabilitation?
32
☐ 1) YES
☐ 2) NO

B.
If so, is it included in any of the following activities? (check appropriate box)
33
☐ 1) Elementary preventive drug education
☐ 2) Junior High preventive drug education
☐ 3) High School preventive drug education
☐ 4) Adult community drug education program
☐ 5) Youth/adult community drug education program
☐ 6) Drug intervention program/counseling with experimental drug users
☐ 7) Drug rehabilitation program/working with drug addicts in a controlled setting
☐ 8) Other:

34 38

(for office use only)

C.
Is this more than you were doing last year?
39
☐ 1) YES
☐ 2) NO

7. A.
People see drug education in various ways. Please check which view is closest to your own. If your perception encompasses more than one, please check each and indicate in 7B to which one you would give first importance.
40
☐ 1) Drug education is concerned primarily with prevention and treatment of drug abuse.
☐ 2) The aim of drug education is part of a larger concern to safeguard the welfare and productiveness of future generations.
☐ 3) Drug education is part of the school's larger role of developing new relationships with the community and community agencies.
☐ 4) Drug education is part of a larger concern to humanize education and make it both more interesting and relevant to youth.
☐ 5) Drug education is part of efforts to deal with the communication gap and all the things which cause large scale divisions and misunderstandings within our society.
☐ 6) Other, describe:

46 48

(for office use only)

7. B.
If more than one is checked above, indicate here the number of the one which you would list first.
49
☐

8. A.

Have you participated in any formal program within the past year that was aimed at influencing your knowledge or feelings about drug use?

02

11

☐ 1) YES

☐ 2) NO

B.

If yes, have you participated in more than one such activity?

12

☐ 1) YES

☐ 2) NO

C.

Please indicate, the dates and sponsorship of each program you were involved in. You may use approximate dates if exact dates cannot be recalled. (For month use 2 digits, i. e., 01 is January).

	Beginning Date of Pgm.			Ending Date of Pgm.			Total Hours	Program Sponsored By	
	Mo.	Day	Year	Mo.	Day	Year			
Program 1	13 14 ☐☐	15 16 ☐☐	17 18 ☐☐	19 20 ☐☐	21 22 ☐☐	23 24 ☐☐	25 26 27 ☐☐☐	__________ __________ __________	28 29 ☐☐ (for office use only)
Program 2	30 31 ☐☐	32 33 ☐☐	34 35 ☐☐	36 37 ☐☐	38 39 ☐☐	40 41 ☐☐	42 43 44 ☐☐☐	__________ __________ __________	45 46 ☐☐ (for office use only)
Program 3	47 48 ☐☐	49 50 ☐☐	51 52 ☐☐	53 54 ☐☐	55 56 ☐☐	57 58 ☐☐	59 60 61 ☐☐☐	__________ __________ __________	62 63 ☐☐ (for office use only)

D.

If more than one program is listed above, please check the box below corresponding to the one program which had the most value for you.

64

☐ Program 1

☐ Program 2

☐ Program 3

(ANSWER QUESTIONS 9, 10, 11 FOR THE PROGRAM YOU ATTENDED, OR IF YOU PARTICIPATED IN MORE THAN ONE, ONLY FOR THE PROGRAM WHICH YOU INDICATED ABOVE AS BEING MOST VALUABLE TO YOU).

9. A.

Please check each of the outcomes that you feel resulted for you and/or your community from the formal program in which you participated.

65

☐ a) An increase in your general information about the national drug problem.

☐ b) An increase in your general information about your community's drug problem.

☐ c) An increase in specific information you have about action to be taken to deal with the problem at the national level.

☐ d) An increase in specific information you have about action to be taken to deal with the problem at the local level.

☐ e) An increase in your understanding of the ways for dealing with differences between people.

☐ f) A personal feeling that the drug problem is too hopelessly complex for effective solution.

☐ g) A personal acquisition of skills needed if you intend to help solve the drug problem.

☐ h) A personal feeling that action can and should be taken now to begin to solve the problem.

☐ i) A reduction in the use of drugs by students.

☐ j) An increase in availability of money and/or people to help solve drug problems.

☐ k) The opportunity for students to be involved in your local school drug education program.

☐ l) A personal awareness of the misuse/abuse of legal drugs, i. e., caffeine, nicotine, alcohol, prescription/non-prescription drugs.

B.

Which three of the above outcomes do you feel were most valuable to you and/or your community? Please indicate by writing the corresponding letters in the boxes below.

77 78 79

☐☐☐

03

10. A.

If you received formal drug education training, please indicate below whether it included **activities dealing with:**

11

- ☐ a) improvement of organizational skills
- ☐ b) creation and operation of task-oriented teams
- ☐ c) development of drug education curricula for schools or community
- ☐ d) improvement of interpersonal communication skills
- ☐ e) development of self-awareness
- ☐ f) improvement of problem-solving skills
- ☐ g) improvement of evaluative skills for materials and programs
- ☐ h) skills to adapt programs to specific groups (cross-cultural, bi-lingual)
- ☐ i) skills to motivate your community to action

B.

If you have had occasion to use any of the skills you acquired in training, which of the above were most beneficial to you in practice? (Indicate answer (s) by checking boxes, below, next to the letters corresponding to the above activities).

20	21	22	23	24	25	26	27	28
a) ☐	b) ☐	c) ☐	d) ☐	e) ☐	f) ☐	g) ☐	h) ☐	i) ☐

11. A.

If you received formal drug education training, please indicate below the means of instruction utilized. (Check as many as applicable).

29

- ☐ a) lectures
- ☐ b) lectures with discussion
- ☐ c) panel discussions
- ☐ d) films and other media
- ☐ e) field trips
- ☐ f) problem-solving
- ☐ g) small group discussions
- ☐ h) role playing, psychodrama, simulation
- ☐ i) case study
- ☐ j) dramatic presentations, skits
- ☐ k) other: ____________________

39 41

☐☐☐ (for office use only)

B.

If you were now to be given the responsibility to run an effective drug education program, which of the above instructional means would you utilize? (Indicate answer (s) by checking boxes, below, next to the letters corresponding to the above activities).

42	43	44	45	46	47	48	49	50	51	52
a) ☐	b) ☐	c) ☐	d) ☐	e) ☐	f) ☐	g) ☐	h) ☐	i) ☐	j) ☐	k) ☐

C.

If you have been involved in some capacity in drug education, please check below those methods which you have utilized.

53	54	55	56	57	58	59	60	61	62	63
a) ☐	b) ☐	c) ☐	d) ☐	e) ☐	f) ☐	g) ☐	h) ☐	i) ☐	j) ☐	k) ☐

12.

Besides formal programs which were aimed at influencing your knowledge or feelings about drugs, what has been the single most influential source of information for you?

64

- ☐ 1) Newspapers
- ☐ 2) TV
- ☐ 3) Films about drugs - not seen on TV
- ☐ 4) Word of mouth
- ☐ 5) Personal Experience
- ☐ 6) Other: ____________________

65 66

☐☐ (for office use only)

13.

Please check category below that best describes you:

67

- ☐ a) educational personnel (local schools)
- ☐ b) educational personnel (county/state)
- ☐ c) student
- ☐ d) parent
- ☐ e) community agency personnel
- ☐ f) health/mental health personnel
- ☐ g) law enforcement personnel
- ☐ h) concerned citizen
- ☐ i) other: ____________________

68 69

☐☐ (for office use only)

If you have additional comments you wish to express, please use the back of this page. Place the completed questionnaire in the enclosed self-addressed, franked envelope and return promptly. Your cooperation has been greatly appreciated.

Thank you

The original assessment plan called for two outcome samples to be taken, one during March 1971 and the other in May. In response to changing program needs at the Office of Education, an additional sample was added in September 1971. Initially, it was planned that these samples would be drawn from complete lists of training participants included in the state program designs. These were to be mailed in by state directors, regional directors and local trainers. However, several states submitted incomplete lists of participants' names and addresses. The three samples were, therefore, drawn of necessity from those states available. TABLE 5 indicates the completeness of response by state for each sample.

Sample 1 (March 1971) was based on the responses of 18 states, 37 states or territories having failed to provide the necessary information following an initial request for state program data in December 1970. A second request for state design for the May 1971 sample resulted in the addition of 10 more states to the sample lists, 27 states or territories still failing to provide adequate design information. Sample 3 was based on 36 states responding by September 1971. The three samples are treated as a replication even though they sampled different populations.

Three questionnaire items were used to identify respondents who had participated in drug education programs other than those sponsored by the Office of Education. These persons were eliminated from the analysis. TABLE 6 outlines the screening process for Samples 1, 2, and 3. As a result of this process, the analysis was based on a sample size of 357 respondents for Sample 1, 244 for Sample 2, and 878 for Sample 3.

TABLE 5 - Size of Sample and Response - Outcomes Questionnaire

	SAMPLE I		SAMPLE II		SAMPLE III		Total Sent	Total Returned
	Mailed	Returned	Mailed	Returned	Mailed	Returned		
Alabama			17	14			17	14
Alaska			5	4	30	16	35	20
Arizona					60	38	60	38
Arkansas					60	32	60	32
California	82	56	14	9	120	70	216	135
Colorado			19	11	60	36	79	47
Connecticut			18	15	20	7	38	22
Delaware	30	22	38	19	30	14	98	55
District of Columbia			4	4	30	6	34	10
Florida	70	43					70	43
Georgia	80	52					80	52
Hawaii					60	26	60	26
Idaho	30	24	16	11			46	35
Illinois					60	40	60	40
Indiana			1	1	30	21	31	22
Iowa					60	33	60	33
Kansas	40	32	3	2			43	34
Kentucky			24	18	30	21	54	39
Louisiana			9	6	30	13	39	19
Maine	10	7	15	13	50	27	75	47
Maryland	30	26	31	24	30	13	91	63
Massachusetts					30	19	30	19
Michigan			11	6	60	31	71	37
Minnesota			1	1	60	30	61	31
Mississippi					60	31	60	31
Missouri	40	25	4	4			44	29
Montana			32	27			32	27
Nebraska	20	19			10	5	30	24
Nevada			31	10	30	15	61	25
New Hampshire	60	29	2	2	30	15	92	46
New Jersey	60	43			20	8	80	51
New Mexico					60	25	60	25
New York			17	12	30	18	47	30
North Carolina			11	8	60	39	71	47
North Dakota					30	14	30	14
Ohio			23	16			23	16
Oklahoma	40	26	12	11			52	37
Oregon					60	40	60	40
Pennsylvania			31	23			31	23
Rhode Island							-	-
South Carolina			5	3			5	3
South Dakota					60	37	60	37
Tennessee					60	33	60	33
Texas	50	35	18	9			68	44
Utah					60	33	60	33
Vermont					40	19	40	19
Virginia					60	26	60	26
Washington	60	47					60	47
West Virginia					30	19	30	19
Wisconsin	70	51	25	15			95	66
Wyoming	30	23					30	23
American Samoa							-	-
Guam					30	18	30	18
Puerto Rico	40	20					40	20
Virgin Islands							-	-
TOTALS:	842	580	437	298	1,640	888	2,919	1,766

TABLE 6

Result of Screening Process to Determine NDETP Respondents for Samples 1, 2, and 3.

SAMPLE 1:

580 returned questionnaires
-223 result of screening for NDETP participants
357 responses for general analysis

580 responses for general analysis

SAMPLE 2:

298 returned questionnaires
-39 result of screening for NDETP participants
-15 incomplete or damaged questionnaires
244 usable responses

283 responses for general analysis

SAMPLE 3:

888 returned questionnaires
-10 incomplete or damaged questionnaires
878 usable NDETP responses

878 responses for general analysis

In the analysis of data from this instrument participants in the NDETP were catagorized as 1) educational personnel, both in the local schools and in administration at the county and state levels; 2) students; 3) parents; or 4) a variety of community, health, and law enforcement personnel. TABLE 7 gives the breakdown of participants for each sample.

TABLE 7: Sample Size and Percent of Respondent Type of Samples 1, 2, and 3

	Educational Personnel	Students	Parents	Community Personnel
Sample 1 N=580	412 (71%)	72 (12%)	24 (4%)	72 (12%)
Sample 2 N=283	153 (54%)	44 (15%)	27 (9%)	59 (21%)
Sample 3 N=878	455 (51%)	110 (12%)	57 (6%)	256 (31%)

The three samples were drawn at different times in order to tap the "multiplier" at its descending levels. TABLE 7 indicates that approximately three-fourths of the respondents in Sample 1 were educational personnel, while in Samples 2 and 3 approximately one-half of the respondents were so classified. The percentage of community personnel, on the other hand, increased from 12% in Sample 1 to 31% in Sample 3.

TABLES 8 - 12 provide data analyzed in an effort to determine whether different types of trainees (i.e., educational personnel, students, parents, and community personnel) perceive the effects of training differently. The analysis was accomplished by comparing the four types of respondents on 1) perceptions of the training sessions, and 2) perceived effects of the training session. Data relative to the events surrounding the training sessions include 1) the participant's perceptions of the program's intended outcomes (TABLE 8); 2) instructional methods used in the sessions compared to desired methods (TABLE 9); 3) training activities compared to desired activities (Table 10); and 4) those activities considered beneficial in practice. Effects of NDETP programs may be indicated by 1) areas of increased knowledge (TABLE 11); or 2) areas of local involvement (TABLE 12). TABLES 13 through 20 show the percentage of each trainee group responding to those item choice categories that pertain to NDETP purposes.

Reconstruction of the training session involves 1) the outcomes of the programs; 2) methods of instruction; and 3) activities used. TABLE 13 indicates the percentage of outcomes chosen by the four respondent types across Sample 1, 2, and 3. Outcomes most frequently chosen were (percents listed below were obtained from TABLE 22):

a. "a personal feeling that action can and should be taken now to begin to solve the problem" (76%)

b. "an increase in general information about national drug problem" (71%)

c. "an increase in specific information about action to be taken to deal with differences between people" (58%)

d. "an increase in general information about the community drug problem" (66%).

Across the three samples, the following tendencies were found:

a. a lower percentage of parents indicated "information about action to be taken to deal with the problem at the local level" and "an increase in understanding of the ways to deal with differences between people"

b. a lower percentage of parents and community personnel indicated "a personal acquisition of skills needed to help solve the drug problem" and "the opportunity for students to be involved in local programs"

c. a lower percentage of community personnel indicated "a personal feeling that action can and should be taken now"

Activities and instructional methods used in the training sessions reveal the general approach taken to disseminate information. TABLE 14 shows the percent of instructional methods used in the training sessions for Samples 1, 2, and 3. Instructional methods most often reported were (percentages were obtained from TABLE 22):

a. "Lectures with discussions" (73%)
b. "Small group discussions" (74%)
c. "Film and other media" (75%)
d. "Lectures" (58%)
e. "Panel discussions" (61%)

Differences occurring across the three samples were:

a. a lower percentage of parents indicated lectures and small group discussions
b. a higher percentage of parents indicated field trips and role playing
c. a lower percentage of community personnel indicated lectures with discussions
d. a higher percentage of community personnel indicated problem solving
e. a lower percentage of educational personnel and community personnel indicated case studies
f. a lower percentage of educational personnel and parents indicated dramatic presentations.

Activities most often reported were (TABLE 15) (percentages were obtained from TABLE 22):

a. "Development of drug education curricula (60%)

b. "Development of self-awareness" (49%)

c. "Improvement of interpersonal communication skills (48%)

Fluctuations occurring across the respondent types were:

a. a lower percentage of parents indicated "improvement of organizational skills", "improvement of problem-solving skills", and "skills to motivate community action"

b. a higher percentage of educational personnel indicated "development of drug education curricula"

c. a lower percentage of students and parents indicated "improvement of interpersonal communication skills"

d. a lower percentage of educational personnel indicated "development of self-awareness"

e. a lower percentage of parents indicated "skills to motivate community action"

Activities considered most beneficial in practice (TABLE 16) mirror those most frequently chosen in TABLE 15. Differences between respondent types were:

a. a lower percentage of students indicated "improvement in organizational skills"

b. a higher percentage of educational personnel indicated "development of drug education curricula"

c. a higher percentage of students indicated "development of self-awareness"

Effects of the training session can be inferred through the respondents 1) participation in additional drug education programs; 2) areas of increased knowledge: 3) areas of local involvement; and 4) instructional methods to be used in the future. Across the three samples, 44% of the participants reported additional program participation; 46% indicated no additional participation. A higher percentage of community personnel indicated additional participation (TABLE 17).

Areas of increased knowledge were reported as (TABLE 18) (percentages were obtained from TABLE 22):

a. "Knowledge about kinds of drugs and their effects" (83%)

b. "Knowledge about individuals and social factors affecting drug use" (74%)

c. "Knowledge about drug culture jargon" (60%)

Differences across respondent types were:

a. a lower percentage of students indicated increased knowledge in individual and social factors, drug culture jargon, treatment and rehabilitation resources, and drug prevention programs

b. a higher percentage of students indicated increased knowledge in kinds of drugs and their effects

c. a lower percentage of students and parents indicated increased knowledge in state laws and availability of drugs

Areas of local involvement were (TABLE 19):

a. "Elementary preventive drug programs" (31%)

b. "Junior high preventive drug programs" (37%)

c. "High school preventive drug programs" (40%)

Differences between respondent types were:

a. a lower percentage of students reported involvement in elementary and adult community programs

b. a higher percentage of community personnel indicated involvement in high school, drug intervention, and drug rehabilitation programs

c. a lower percentage of students and parents indicated involvement in junior high drug programs

Instructional methods to be used in the future mirrored those most frequently reported as used in the training sessions. Differences between the respondent types were (TABLE 20):

a. a higher percentage of education personnel indicated future use of panel discussions and films

b. a lower percentage of community personnel reported future use of field trips

c. a lower percentage of students reported future use of problem-solving

The above analysis indicates that both students and parents perceived themselves as less involved in NDETP programs than either educational personnel or community personnel. A close examination of the item distributions for Samples 1, 2, and 3 in TABLE 21 supports this conclusion for the three response groups. For an overview of the three samples across the respondent types, TABLE 22 shows percentages of responses by questionnaire items for the three samples combined.

In terms of the Training Outcomes analysis alone the following conclusions might be drawn concerning the question "Have the purposes of NDETP been served?"

a. Three-quarters of the respondents indicated as outcomes of the program 1) "Feeling that action can and should be taken now to begin to solve the drug problem and 2) "General information about the national drug problem".

b. Three-quarters of the respondents indicated the following methods were used in the training center: 1) lectures with discussions; 2) films and other media; and 3) small group discussions. Approximately 60% would use these instructional methods in the future.

c. Sixty percent of the participants felt that the training sessions dealt with development of drug education curricula; 31% felt that this activity was most beneficial in practice.

d. Only 44% of the participants had participated in additional drug programs; 46% indicated no additional participation.

e. Sixty percent indicated they were doing more than previously in drug education programs.

f. An overwhelming majority of participants felt that they had increased their knowledge of drugs, drug effects, and factors affecting drug use. Approximately 60% felt an increase in knowledge of state laws, drug jargon, as well as availability of drugs and local resources for dealing with the drug problem.

g. Approximately 40% of the participants indicated involvement in 1) high school prevention programs, 2) junior high programs, and 3) elementary programs.

The above conclusions provide indications that the stated program purposes were generally achieved. Information was disseminated at varying levels through the educational channels in the sampled states and there was a measurable effect. The extent of this information dissemination and the intrinsic effects of the training sessions can only be inferred from the available data. The question of causality cannot be addressed from the above analysis due to the existence of intervening variables, which invalidate any attribution of casual relationships between the measured effects and the NDETP programs. Causation is a question for research, which was categorically excluded from the purposes of this survey.

TABLE 8

TRAINEE'S PERCEPTIONS OF OUTCOMES OF TRAINING SESSIONS AS IDENTIFIED BY TYPES OF RESPONDENTS

Percent Who Indicated Outcome

Outcomes	Educational Personnel:	Students:	Parents:	Community Personnel:
1. An increase in general information about the national drug problem	71%	69%	72%	69%
2. An increase in general information about the community drug problem	57	56	68	54
3. An increase in specific information about action to be taken to deal with the problem at the national level	28	27	22	30
4. An increase in specific information about action to be taken to deal with the problem at the local level	70	61	44	70
5. An increase in understanding of the ways for dealing with differences between people	57	61	50	63
6. A personal feeling that the drug porblem is too hopelessly complex for effective solution	6	7	6	6
7. A personal acquisition of skills needed if I intend to help solve the drug problem	47	43	39	76
8. A personal feeling that action can and should be taken now to begin to solve the problem	77	79	83	79
9. A reduction in the use of drug by students	7	10	11	8
10. An increase in availability of money and/or people to help solve drug problems	28	23	32	35
11. The opportunity for students to be involved in local school drug education programs	60%	50%	42%	50%
12. A personal awareness of the misuse/abuse of legal drugs	73	79	78	62

TABLE 9

PERCEPTION OF EFFECTIVENESS OF INSTRUCTIONAL METHODS BY TYPE OF RESPONDENT

Instructional Method	Educational Personnel:		Students:		Parents:		Community Personnel:	
	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use
1. Lectures	64	28	65	21	65	53	65	65
2. Lectures with discussions	75	46	80	31	66	75	66	66
3. Panel discussions	60	30	60	26	64	56	64	64
4. Film and other media	74	47	55	30	76	70	76	76
5. Field trips	19	8	7	3	17	44	17	17
6. Problem-solving	29	17	32	11	34	24	34	34
7. Small group discussions	74	53	79	45	73	62	73	73
8. Role playing etc.	36	19	36	13	37	43	37	37
9. Case study	18	10	30	9	20	23	20	20
10. Dramatic presentation	19	12	24	8	21	12	21	21
11. Other	50	9	17	6	16	11	16	16

TABLE 10

PERCEPTION OF VALUE OF TRAINING ACTIVITIES BY TYPE OF RESPONDENT

Training Activities	Educational Personnel:		Students:		Parents:		Community Personnel:	
	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use	Percent Exposed to Activity	Percent Who Would Subsequently Use
1. Improvement of organizational skills	32	15	28	10	22	11	36	16
2. Creation and operation of task-oriented teams	40	17	39	15	33	12	44	18
3. Development of drug education curricula for schools or community	61	35	55	16	10	25	62	28
4. Improvement of interpersonal communication skills	48	10	41	27	41	25	53	29
5. Development of self-awareness	47	22	56	34	49	20	50	21
6. Improvement of problem-solving skills	28	10	30	15	24	13	34	16
7. Improvement of evaluative skills for materials and programs	39	16	35	14	39	13	41	15
8. Skills to adapt programs to specific groups	18	5	15	3	12	5	20	11
9. Skills to motivate your community to action	38	16	41	15	34	15	47	20

TABLE 11

AREAS OF INCREASED KNOWLEDGE AS IDENTIFIED BY TYPES OF RESPONDENTS

Percent Who Felt Increase in Knowledge

Areas of Drug-Related Knowledge	Educational Personnel:	Students:	Parents:	Community Personnel:
1. Kinds of drugs and their effects	82%	86%	84%	79%
2. Individual and social factors affecting drug use	75	68	74	77
3. Drug culture jargon	64	41	65	58
4. Your state laws concerning drugs	61	42	43	58
5. Availability of drugs in your community	52	46	38	56
6. Treatment and rehabilitation resources and services available to drug users in your community	61	39	62	62
7. Drug prevention programs and services available to potential drug users in your community	62	46	59	60
8. Constructive alternatives to the abuse of drugs	37	40	38	49

TABLE 12

AREAS OF LOCAL INVOLVEMENT AS IDENTIFIED BY TYPES OF RESPONDENTS

Percent Indicating Involvement

Areas of Drug Education	Educational Personnel:	Students:	Parents:	Community Personnel:
1. Elementary preventive drug education	34%	10%	23%	38%
2. Junior High preventive drug education	40	13	25	47
3. High School preventive drug education	43	24	27	44
4. Adult community drug education program	24	13	23	37
5. Youth/adult community drug education program	23	30	30	37
6. Drug intervention program/counseling with experimental drug users	11	6	6	21
7. Drug rehabilitation program/working with drug addicts in a controlled setting	3	1	5	9
8. Other	12	14	13	22

TABLE 13: Percent of Outcomes by Respondent Types for Sample 1, 2, and 3.

Outcomes of Training Sessions	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. An increase in general information about the national drug problem	72	69	71	65	70	69	75	77	68	61	71	70
2. An increase in general information about the community drug problem	60	61	57	54	75	56	66	81	61	54	69	51
3. An increase in specific information about action to be taken to deal with the problem at the national level	33	28	28	22	20	27	25	29	17	31	28	30
4. An increase in specific information about action to be taken to deal with the problem at the local level	69	77	70	52	72	61	29	22	61	59	77	70
5. An increase in understanding of the ways for dealing with differences between people	59	62	57	61	70	61	50	48	50	55	77	63
6. A personal feeling that the drug problem is too hopelessly complex for effective solution	8	5	6	1	13	7	4	18	1	5	6	6
7. A personal acquisition of skills needed if I intend to help solve the drug problem	48	46	47	43	43	43	37	33	42	37	33	53
8. A personal feeling that action can and should be taken now to begin to solve the problem	76	77	77	72	84	79	87	88	78	69	89	75
9. A reduction in the use of drug by students	8	9	7	8	6	10	4	29	5	16	5	8
10. An increase in availability of money and/or people to help solve drug problems	30	31	28	22	33	23	33	51	22	41	35	35
11. The opportunity for students to be involved in local school drug education programs	60	69	60	50	52	50	45	14	54	47	28	50
12. A personal awareness of the misuse/abuse of legal drugs	71	69	73	75	78	79	72	75	78	70	71	62

TABLE 14: Percent of Instructional Methods by Respondent Types for Sample 1, 2, and 3.

Instructional Methods Used in Training Session	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Lectures	63	66	64	66	52	69	54	51	54	54	66	68
2. Lectures with discussions	76	79	75	79	75	82	75	70	77	37	28	83
3. Panel discussions	66	49	58	56	50	66	58	33	66	56	54	69
4. Film and other media	79	74	69	77	75	78	58	70	75	65	83	78
5. Field trips	19	19	19	2	18	5	70	85	14	20	13	17
6. Problem-solving	34	28	25	36	25	10	4	25	31	41	38	31
7. Small group discussions	78	80	69	77	84	78	29	77	68	68	79	73
8. Role playing etc.	39	43	30	37	38	36	66	62	24	37	49	34
9. Case study	17	18	18	34	25	30	25	14	26	25	16	7
10. Dramatic presentation	20	18	18	26	25	22	4	18	14	25	23	20
11. Other	76	86	13	18	6	20	4	22	8	15	18	16

TABLE 15: Percent of Activities by Respondent Types for Sample 1, 2, and 3.

Activities Used in Training Sessions	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Improvement of organizational skills	35	37	27	34	31	22	16	22	24	36	49	33
2. Creation and operation of task-oriented teams	48	45	31	43	47	34	25	44	31	48	30	46
3. Development of drug education curricula for schools or community	62	61	60	52	52	58	45	44	57	55	54	66
4. Improvement of interpersonal communication skills	50	58	44	47	45	36	29	48	43	52	61	53
5. Development of self-awareness	47	43	49	54	68	52	33	48	56	48	37	54
6. Improvement of problem-solving skills	31	30	25	34	31	28	16	29	24	26	32	37
7. Improvement of evaluative skills for materials and programs	41	41	35	47	29	30	41	33	42	40	42	42
8. Skills to adapt programs to specific groups	20	20	15	13	13	18	12	14	10	22	22	19
9. Skills to motivate your community to action	40	47	34	44	38	40	33	37	33	45	50	47

TABLE 16: Percent of Beneficial Activities by Respondent Types for Sample 1, 2, and 3.

Beneficial Activities in Use	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Improvement of organizational skills	18	15	13	9	9	10	16	11	8	15	13	17
2. Creation and operation of task-oriented teams	21	23	11	19	20	11	16	25	5	22	23	16
3. Development of drug education curricula for schools and community	34	37	35	16	18	16	25	25	25	16	22	33
4. Improvement of interpersonal communication skills	26	35	24	31	31	23	16	33	25	26	30	30
5. Development of self-awareness	20	35	19	36	40	30	4	22	25	19	8	25
6. Improvement of problem-solving skills	12	11	8	16	13	15	8	18	13	11	20	16
7. Improvement of evaluative skills for materials and programs	17	17	16	22	11	10	8	14	15	12	6	17
8. Skills to adapt programs to specific groups	7	5	4	4	0	5	0	11	5	6	25	9
9. Skills to motivate your community to action	18	18	12	22	13	11	20	25	8	20	13	22

TABLE 17: Percent of Participation in Other Programs
by Respondent Types for Sample 1, 2, and 3.

	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
Participated in additional drug programs	33	56	40	48	38	44	58	48	40	56	59	51

TABLE 18: Percent of Areas of Increased Knowledge by Respondent Types for Sample 1, 2, and 3.

Areas of Increased Knowledge	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Kinds of drugs and their effects	83	88	78	87	93	82	87	88	80	76	84	79
2. Individual and social factors affecting drug use	76	79	73	68	72	66	79	85	66	77	83	75
3. Drug culture jargon	64	75	60	36	40	44	70	77	57	61	69	55
4. Your state laws concerning drugs	71	59	52	47	25	46	41	37	47	52	67	57
5. Availability of drugs in your community	50	60	50	44	38	50	41	22	45	50	61	57
6. Treatment and rehabilitation resources and services available to drug users in your communigy	60	67	56	36	45	40	66	81	50	62	66	62
7. Drug prevention programs and services available to potential drug users in your community	67	69	54	45	61	40	66	66	52	56	62	62
8. Constructive alternatives to the abuse of drugs	48	4	39	40	47	38	45	44	33	52	49	49

TABLE 19: Percent of Areas of Local Involvement by Respondent Types for Sample 1, 2, and 3.

Areas of Local Involvement	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Elementary preventive drug education	35	47	30	13	20	3	20	33	19	40	44	36
2. Junior High preventive drug education	44	49	33	18	29	3	12	33	24	52	77	38
3. High School preventive drug education	48	46	38	31	36	14	16	40	26	54	64	37
4. Adult community drug education program	32	39	12	15	27	6	25	44	12	41	52	33
5. Youth/adult community drug education program	30	35	12	40	43	19	29	51	21	45	35	35
6. Drug intervention program/counseling with experimental drug users	11	15	9	9	6	3	4	14	3	29	22	19
7. Drug rehabilitation program/working with drug addicts in a controlled setting	5	3	0	5	0	0	4	14	1	12	3	9
8. Other	14	11	10	20	15	10	29	11	8	23	13	24

TABLE 20: Percent of Instructional Methods to be used in the **Future** by Respondent Type for Sample 1, 2, and 3.

Instructional Methods to be Used in Future	Educational Personnel			Students			Parents			Community Personnel		
	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3	Sample 1	Sample 2	Sample 3
1. Lectures	29	26	28	20	22	28	20	33	28	20	27	28
2. Lectures with discussion	66	60	58	63	68	61	58	62	59	61	74	62
3. Panel discussions	58	57	48	50	50	51	45	37	54	45	45	51
4. Films and other media	68	64	59	66	63	60	58	55	73	58	66	56
5. Field trips	32	40	34	27	31	31	25	37	38	29	27	33
6. Problem-solving	38	43	33	36	27	27	33	37	35	41	33	37
7. Small group discussion	32	83	72	75	88	70	62	74	68	70	81	73
8. Role playing, psychodrama, simulation	42	47	38	36	43	32	20	48	38	43	47	34
9. Case study	30	34	35	22	34	36	20	33	42	27	22	30
10. Dramatic presentations, skits	23	35	22	22	27	23	8	22	22	26	22	19
11. Other	11	15	11	18	11	14	8	33	8	16	20	14

TABLE 21: ITEM FREQUENCY DISTRIBUTION BY TYPES OF RESPONDENTS FOR SAMPLES 1, 2 and 3

		Is drug use a problem in America?				Was drug use a problem a year ago?				Is it more of a problem now than last year?				Is drug use in your community more of a problem now than last year?			
		Yes	No	No Opinion	No Response	Yes	No	No Opinion	No Response	Yes	No	No Opinion	No Response	Yes	No	No Opinion	No Response
Educational Personnel	Sample 1 N = 412	408	4	0	0	378	32	2	0	302	96	14	0	295	98	15	4
	Sample 2 N = 153	153	0	0	0	140	11	1	1	118	29	4	2	116	30	6	1
	Sample 3 N = 455	451	4	0	0	444	10	1	0	291	140	18	6	252	180	18	5
Students	Sample 1 N = 72	69	1	2	0	57	13	2	0	54	14	4	0	54	12	4	2
	Sample 2 N = 44	41	1	2	0	36	7	1	0	36	6	0	0	35	8	0	0
	Sample 3 N = 110	108	2	0	0	95	11	3	1	72	31	7	0	70	30	9	1
Parents	Sample 1 N = 24	24	0	0	0	23	1	0	0	20	3	1	0	17	5	1	1
	Sample 2 N = 27	27	0	0	0	25	2	0	0	25	1	1	0	21	4	1	1
	Sample 3 N = 57	55	2	0	0	55	1	1	0	37	15	5	0	32	22	3	0
Community Personnel	Sample 1 N = 72	71	1	0	0	66	6	0	0	54	13	5	0	48	20	4	0
	Sample 2 N = 59	56	0	0	3	54	3	0	2	41	12	2	4	36	17	3	3
	Sample 3 N = 256	251	5	0	0	248	8	0	0	183	62	8	3	167	74	12	3
SUMMARY TOTALS N = 1741		1714	20	4	3	1600	105	11	4	1235	422	69	15	1143	501	76	21

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 2)

		In the past year have you increased your knowledge of drugs in your community?				Areas in which knowledge has increased?								Have you changed your attitudes and feelings about drug users within the past year?				Does your community have drug education programs?			
		Yes	No	No Opinion	No Response	Kinds of Drugs	Factors Affecting Drug Use	Drug Jargon	State Laws	Availability of Drugs in Community	Treatment Resources	Drug Prevention Programs	Constructive Alternatives to Drug Abuse	Yes	No	No Opinion	No Response	Yes	No	Don't Know	No Response
Educational Personnel	Sample 1 N = 412	383	13	16	0	343	317	265	295	207	249	278	200	248	154	0	0	311	81	10	10
	Sample 2 N = 153	150	3	0	0	136	121	115	91	93	103	106	7	93	59	0	1	118	33	1	2
	Sample 3 N = 455	433	17	5	0	385	333	276	241	232	275	250	180	213	238	4	0	319	111	15	10
Students	Sample 1 N = 72	70	0	2	0	63	49	26	34	32	26	33	29	43	28	1	0	40	25	7	0
	Sample 2 N = 44	44	0	0	0	41	32	18	11	17	20	27	21	31	13	0	0	35	7	2	0
	Sample 3 N = 110	102	5	3	0	91	73	49	51	56	44	45	42	69	40	1	0	53	39	18	0
Parents	Sample 1 N = 24	24	0	0	0	21	19	17	10	10	16	16	11	17	7	0	0	19	4	0	1
	Sample 2 N = 27	27	0	0	0	24	23	21	10	6	22	18	12	11	16	0	0	26	1	0	1
	Sample 3 N = 57	54	2	1	0	46	38	33	27	26	29	30	19	24	32	1	0	44	11	2	0
Community Personnel	Sample 1 N = 72	70	2	0	0	55	56	44	38	36	45	41	38	40	31	1	0	58	11	1	1
	Sample 2 N = 59	56	0	0	3	50	49	41	40	36	39	37	29	22	32	5	0	41	12	3	3
	Sample 3 N = 256	247	9	0	0	202	193	143	147	148	157	157	126	124	129	3	0	191	50	13	2
SUMMARY TOTALS N = 1741		1660	51	27	3	1457	1303	1408	995	899	1025	1038	714	935	779	6	1	1255	385	72	30

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 3)

		Are you presently engaged in drug education?			Kinds of Activities								Is this more than you were doing last year?			Your view of drug education is closest to:					
		Yes	No	No Response	Elementary Drug Education	Junior High School Drug Education	High School Drug Education	Adult Community Drug Education Program	Youth/Adult Community Drug Education Program	Drug Intervention/ Counseling Program	Drug Rehabilitation Program for Addicts	Other	Yes	No	No Response	Prevention and Treatment of Abusers	Safeguard Welfare of Future Generations	Develop New School-Community Relations	Efforts to Humanize Education	Efforts to Deal with Communication Gap	Other
Educational Personnel	Sample 1 N = 412	320	86	6	147	184	199	132	126	48	22	58	380	36	0	181	216	111	162	195	28
	Sample 2 N = 153	140	12	1	72	75	71	61	54	23	6	17	128	18	7	58	82	47	69	69	9
	Sample 3 N = 455	327	126	2	137	154	174	59	59	42	4	49	193	199	63	212	228	90	151	185	31
Students	Sample 1 N = 72	47	25	0	10	13	23	11	29	7	4	15	50	5	17	22	26	8	19	35	9
	Sample 2 N = 44	31	10	3	9	13	16	12	19	3	0	7	35	3	6	20	17	3	9	23	5
	Sample 3 N = 110	41	68	1	4	4	16	7	21	4	0	11	38	30	42	61	39	9	22	36	18
Parents	Sample 1 N = 24	16	7	1	5	3	4	6	7	1	1	7	13	4	7	10	15	3	4	15	2
	Sample 2 N = 27	21	6	0	9	9	11	12	14	4	4	3	20	3	4	15	18	10	9	18	5
	Sample 3 N = 57	37	20	0	11	14	15	7	12	2	1	5	15	32	10	30	33	14	16	25	3
Community Personnel	Sample 1 N = 72	59	13	0	29	38	39	30	33	21	9	17	50	15	7	29	29	18	31	39	7
	Sample 2 N = 59	51	4	4	26	46	38	31	21	13	2	8	38	12	9	16	21	18	26	53	9
	Sample 3 N = 256	191	63	2	93	98	96	86	90	49	24	62	112	105	39	117	129	53	87	135	28
SUMMARY TOTALS N = 1741		1281	44	20	552	651	702	454	485	217	77	260	1072	462	211	771	853	384	605	828	154

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 4)

		Which view of drug education would you select as having most importance?						Have you participated in formal drug education within last year?			Have you participated in more than one such activity?			Which outcomes do you feel resulted for you and your community as a result of the formal drug education training you received and/or thought most valuable?											
		Prevention and Treatment of Abusers	Safeguard the Welfare of Future Generations	Developing New School-Community Relationships	Efforts to Humanize Education	Efforts to Deal with the Communication Gap	Other	Yes	No	No Response	Yes	No	No Response	Information about the National Drug Problem	Information about One's Community Drug Problem	Action on National Level	Action on Local Level	Ways to Deal with Differences between People	Drug Problem too Complex for Solution	Acquisition of Skills	Feeling for Action	Reduction in Use of Drugs	Availability of Money and People to Help Solve Drug Problem	Opportunity for Involvement by Students	Awareness of Misuse/ Abuse of Legal Drugs (Alcohol, Nicotine)
Educational Personnel	Sample 1 *NR=206 N = 412	60	60	5	71	5	5	378	28	6	138	243	31	300	249	138	285	247	37	201	316	36	125	251	308
	Sample 2 NR= 51 N = 153	25	13	4	18	5	6	142	10	1	86	58	9	106	94	43	119	95	8	71	118	14	48	107	111
	Sample 3 N = 455	87	65	8	41	64	13	418	37	0	191	229	35	325	248	112	313	245	22	199	344	27	112	262	333
Students	Sample 1 NR= 34 N = 72	13	2	0	6	14	3	65	7	0	35	32	5	47	39	16	38	44	1	31	52	6	16	36	54
	Sample 2 NR= 19 N = 44	9	4	0	4	5	2	41	3	0	17	25	2	31	33	9	32	31	6	19	37	3	17	23	33
	Sample 3 N = 110	20	8	0	3	13	6	103	6	1	48	55	7	87	55	37	68	63	8	49	86	14	29	57	83
Parents	Sample 1 NR= 9 N = 24	4	4	0	0	5	2	22	2	0	14	7	3	18	16	6	7	12	1	9	21	1	8	11	19
	Sample 2 NR= 4 N = 27	10	4	1	2	4	2	26	0	1	13	13	1	21	22	8	6	13	5	9	24	8	14	4	21
	Sample 3 N = 57	14	11	3	2	13	0	53	4	0	23	29	5	39	35	10	35	29	1	24	45	3	13	31	44
Community Personnel	Sample 1 NR= 23 N = 72	4	7	0	8	12	6	62	8	2	41	22	9	44	39	23	43	10	4	27	50	12	30	34	42
	Sample 2 NR= 13 N = 59	7	15	1	8	17	4	49	7	3	35	13	11	42	41	17	46	46	4	20	53	3	21	17	38
	Sample 3 N = 256	42	52	5	22	41	9	238	16	2	133	92	31	181	133	78	174	160	16	136	193	23	85	145	164
SUMMARY TOTALS N = 1741		295	245	22	185	202	49	1597	128	16	774	818	149	1241	1004	497	1166	1025	113	795	1339	150	518	978	1250

*NR - No Response Total = 359

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 5)

Which outcome of your drug education training would you list as most valuable?
CHOICE 1

		Information about the National Drug Problem	Information about One's Community Drug Problem	Action on National Level	Action on Local Level	Ways to Deal with Differences Between People	Drug Problem Too Complex for Solution	Acquisition of Skills	Feeling for Action	Reduction in Use of Drugs	Availability of Money and People to Help Solve the Drug Problem	Opportunity for Involvement by Students	Awareness of Misuse/Abuse of Legal Drugs (Alcohol, Nicotine and Caffeine)
Educational Personnel	Sample 1 N = 412 *NR=39	60	46	9	57	54	0	23	39	2	9	28	33
	Sample 2 N = 153	24	24	4	22	29	0	5	8	0	1	49	11
	Sample 3 N = 455	69	65	7	67	51	1	14	40	4	3	39	37
Students	Sample 1 N = 72 NR= 9	14	6	0	5	17	1	2	11	0	1	2	4
	Sample 2 N = 44 NR= 3	5	10	0	5	12	1	0	4	0	2	1	1
	Sample 3 N = 110	25	17	1	13	23	1	5	3	1	1	5	7
Parents	Sample 1 N = 24 NR= 2	6	3	0	3	0	0	3	4	0	1	1	2
	Sample 2 N = 27	1	8	0	1	1	0	0	4	0	2	3	4
	Sample 3 N = 57	6	9	0	5	12	0	2	2	0	0	7	7
Community Personnel	Sample 1 N = 72 NR=14	9	13	2	12	6	0	2	7	0	3	3	3
	Sample 2 N = 59 NR=15	12	8	1	13	7	1	0	6	1	1	8	4
	Sample 3 N = 256	27	33	7	44	33	0	11	19	2	9	21	15
SUMMARY TOTALS N = 1741		258	242	31	247	245	5	67	147	10	33	167	116

*NR - No Response Total = 82

Which outcome of your drug education training would you list as most valuable?
CHOICE 2

		Information about the National Drug Problem	Information about One's Community Drug Problem	Action on National Level	Action on Local Level	Ways to Deal with Differences Between People	Drug Problem Too Complex for Solution	Acquisition of Skills	Feeling for Action	Reduction in Use of Drugs	Availability of Money and People to Help Solve the Drug Problem	Opportunity for Involvement by Students	Awareness of Misuse/Abuse of Legal Drugs (Alcohol, Nicotine and Caffeine)	
Educational Personnel	Sample 1 N = 412	7	26	7	58	55	6	54	65	1	16	60	32	*NR=46
	Sample 2 N = 153	2	13	0	23	19	0	21	30	0	7	12	13	
	Sample 3 N = 455	12	35	5	67	48	2	44	89	1	19	42	29	
Students	Sample 1 N = 72	0	2	2	7	6	0	7	22	1	3	9	10	
	Sample 2 N = 44	0	3	0	6	6	1	4	10	0	1	7	2	NR= 4
	Sample 3 N = 110	3	4	4	13	12	2	7	32	2	4	12	3	
Parents	Sample 1 N = 24	0	2	1	4	4	0	3	17	0	0	3	7	NR= 4
	Sample 2 N = 27	0	2	3	4	11	2	5	8	1	1	8	3	
	Sample 3 N = 57	0	2	1	4	4	1	7	12	0	2	8	7	
Community Personnel	Sample 1 N = 72	0	1	1	6	10	1	5	2	0	3	2	1	NR= 9
	Sample 2 N = 59	0	1	5	3	13	1	11	9	1	2	9	6	
	Sample 3 N = 256	2	15	2	25	41	3	30	44	6	7	27	16	
SUMMARY TOTALS N = 1741		26	106	31	220	229	19	198	340	13	65	199	129	

*NR - No Response Total = 63

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 6)

			Which outcomes of your drug education training would you list as most valuable? CHOICE 3												Which activities were included in your drug education training?									Which activities have been most beneficial to you if used in practice?								
			Information about the National Drug Problem	Information about One's Community Drug Problem	Action on National Level	Action on Local Level	Ways to Deal with Differences Between People	Drug Problem Too Complex for Solution	Acquisition of Skills	Feeling for Action	Reduction in Use of Drugs	Availability of Money and People to Help Solve the Drug Problem	Opportunity for Involvement by Students	Awareness of Misuse/Abuse of Legal Drugs (Alcohol, Nicotine and Caffeine)	Organizational Skills	Task-Oriented Teams	Drug Education Curriculum	Interpersonal Communication Skills	Development of Self-Awareness	Problem-Solving Skills	Evaluative Skills	Adapt Programs to Specific Groups(Cross-Cultural and Bilingual)	Skills to Motivate Your Community To Action	Organizational Skills	Task-Oriented Teams	Drug Education Curriculum	Interpersonal Communication Skills	Development of Self-Awareness	Problem-Solving Skills	Evaluative Skills	Adapt Programs to Specific Groups (Cross-Cultural and Bilingual)	Skills to Motivate Your Community To Action
Educational Personnel	Sample 1 N = 412	*NR=54	6	12	5	33	24	4	27	51	8	16	73	94	145	201	257	206	194	128	172	85	166	77	90	144	110	83	50	73	32	77
	Sample 2 N = 153	NR=17	2	4	1	16	14	4	16	20	3	6	26	25	57	69	94	89	67	46	64	32	72	23	36	57	54	54	18	27	9	28
	Sample 3 N = 455		18	24	2	36	27	4	24	67	7	13	68	100	126	143	274	201	224	116	163	71	155	61	51	165	111	88	40	72	20	59
Students	Sample 1 N = 72	NR=17	5	6	2	2	6	0	3	8	1	2	15	15	25	31	38	34	39	25	34	10	32	7	14	12	23	26	12	16	3	16
	Sample 2 N = 44	NR= 4	3	0	0	2	4	1	1	10	0	0	4	15	14	21	23	20	30	14	13	6	17	4	9	8	14	18	6	5	0	6
	Sample 3 N - 110		0	0	4	1	4	3	5	14	2	3	19	41	25	38	64	40	58	31	34	20	45	12	13	18	26	34	16	11	6	13
Parents	Sample 1 N = 24	NR= 6	0	2	0	6	2	0	1	4	1	4	5	12	4	6	11	7	8	4	10	3	6	4	4	6	4	1	2	2	0	5
	Sample 2 N = 27		3	2	1	1	3	1	5	7	1	2	7	14	6	12	12	13	13	8	9	4	10	3	7	7	9	6	5	4	3	7
	Sample 3 N = 57		2	0	0	4	3	0	4	13	1	2	7	11	14	18	33	25	32	14	24	6	19	5	3	15	15	15	8	9	3	5
Community Personnel	Sample 1 N = 72	NR=10	2	1	0	1	6	0	1	6	2	1	1	6	26	35	40	38	35	19	29	16	33	11	16	12	19	14	8	9	5	15
	Sample 2 N = 59	NR=15	4	6	0	1	2	1	7	13	1	4	14	8	29	18	32	36	22	19	25	13	30	8	14	13	18	5	12	4	15	8
	Sample 3 N = 256		11	14	0	22	11	2	19	30	0	18	39	48	87	118	169	134	140	95	108	49	120	46	43	86	77	65	43	46	25	57
SUMMARY TOTALS N = 1741			56	71	15	125	106	20	113	243	27	71	278	389	558	710	1057	843	862	519	685	315	709	261	300	543	480	409	220	278	121	296

*NR - No Response Total = 123

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 7)

What means of instruction were utilized in the drug education training you received?

		Lectures	Lectures with Follow-Up Discussion	Panel Discussions	Films and Other Media	Field Trips	Problem-Solving	Small Group Discussions	Role Playing, Psychodrama, Simulation, etc.	Case Study	Dramatic Presentations, Skits, etc.	Other
Educational Personnel	Sample 1 N = 412	260	314	272	326	81	143	323	164	73	85	316
	Sample 2 N = 153	102	121	76	114	30	44	123	67	28	29	132
	Sample 3 N = 455	296	334	267	315	86	116	317	140	85	83	62
Students	Sample 1 N = 72	48	57	41	56	2	26	56	27	25	19	13
	Sample 2 N = 44	23	33	22	33	8	11	37	17	11	11	3
	Sample 3 N = 110	76	91	73	86	6	32	86	38	34	25	23
Parents	Sample 1 N = 24	13	18	14	14	17	1	7	16	6	1	1
	Sample 2 N = 27	14	19	9	19	23	7	21	17	4	5	6
	Sample 3 N = 57	31	44	38	43	8	18	39	14	15	8	5
Community Personnel	Sample 1 N = 72	39	27	41	47	15	30	49	27	18	18	11
	Sample 2 N = 59	39	17	32	49	8	23	47	29	10	14	11
	Sample 3 N = 256	176	213	178	200	45	81	188	89	53	52	42
SUMMARY TOTALS N = 1741		1017	1288	1063	1302	329	532	1293	645	362	350	625

If you were to have responsibility for running an effective drug education training program, what means of instruction would you utilize?

		Lectures	Lectures with Follow-Up Discussions	Panel Discussions	Films and Other Media	Field Trips	Problem-Solving	Small Group Discussions	Role Playing, Psychodrama, Simulation, etc.	Case Study	Dramatic Presentations, Skits, etc.	Other
Educational Personnel	Sample 1 N = 412	121	274	241	281	133	160	134	175	125	95	48
	Sample 2 N = 153	41	93	88	99	62	66	127	72	53	54	24
	Sample 3 N = 455	113	267	221	272	158	147	331	174	162	103	52
Students	Sample 1 N = 72	15	46	36	48	20	26	54	26	16	16	13
	Sample 2 N = 44	10	30	22	28	14	12	39	19	15	12	5
	Sample 3 N = 110	31	68	57	66	35	30	78	36	40	26	16
Parents	Sample 1 N = 24	5	14	11	14	6	8	15	5	5	2	2
	Sample 2 N = 27	9	17	10	15	10	10	20	13	9	6	9
	Sample 3 N = 57	16	34	31	42	22	20	39	22	24	13	5
Community Personnel	Sample 1 N = 72	15	44	33	42	21	30	51	31	20	19	12
	Sample 2 N = 59	16	44	27	39	16	20	48	28	13	13	12
	Sample 3 N = 256	74	159	133	144	86	95	187	88	79	51	37
SUMMARY TOTALS N = 1741		466	1090	810	1090	583	624	1023	689	561	410	235

ITEM FREQUENCY DISTRIBUTION BY TYPE OF RESPONDENTS FOR SAMPLES 1, 2 and 3 (page 8)

		If you have been involved in some capacity as a drug education trainer, what methods have you used?											Besides formal drug education programs, what has been the single most influential source of drug information for you?					
		Lectures	Lectures with Follow-Up Discussions	Panel Discussions	Films and Other Media	Field Trips	Problem-Solving	Small Group Discussions	Role Playing, Psychodrama, Simulation, etc.	Case Study	Dramatic Presentations, Skits, etc.	Other	NEWSPAPERS	TELEVISION	FILMS ABOUT DRUGS - NOT SEEN ON TV	WORD OF MOUTH	PERSONAL EXPERIENCE	OTHER
Educational Personnel	Sample 1 N = 412	136	210	144	213	45	87	230	101	54	63	45	94	84	110	82	76	75
	Sample 2 N = 153	44	78	45	89	14	38	100	33	17	22	19	17	25	34	40	35	26
	Sample 3 N = 455	111	185	117	185	29	51	216	61	41	39	37	85	116	101	105	67	101
Students	Sample 1 N = 72	18	30	19	28	1	10	39	14	6	8	6	5	10	19	22	20	18
	Sample 2 N = 44	10	15	13	13	5	4	24	4	5	3	2	8	5	7	11	11	11
	Sample 3 N = 110	21	26	27	28	2	11	40	13	10	8	7	8	11	30	34	32	23
Parents	Sample 1 N = 24	6	10	7	10	1	1	9	1	1	0	0	4	9	3	8	2	2
	Sample 2 N = 27	5	10	5	9	3	3	12	4	2	3	7	7	6	8	12	3	9
	Sample 3 N = 57	11	30	13	27	1	7	27	5	3	7	2	13	14	12	15	5	16
Community Personnel	Sample 1 N = 72	23	33	23	31	9	19	40	21	17	12	9	6	14	16	8	23	22
	Sample 2 N = 59	20	18	21	27	9	12	32	11	5	7	12	12	10	12	9	15	20
	Sample 3 N = 256	67	127	80	116	29	55	134	42	30	18	25	39	44	53	69	77	77
SUMMARY TOTALS N = 1741		472	772	514	776	148	298	903	310	191	190	171	298	348	405	415	366	400

TABLE 22:

Percentage of Responses by Questionnaire Item across Samples

Qtr. Number	Question	Percentage
1A	Drug use in America today is a problem	98
	Drug use in America today is not a problem	1
1B	It was a problem last year	91
	It was not a problem last year	6
1C	It is more of a problem now than last year	70
	It is not more of a problem now than last year	24
	No opinion	3
2	Drug use within the community is more of a problem now than last year	65
	Drug use within the community is not more of a problem now than last year	23
	No opinion	4
	No Response	1
3A	Increase in knowledge concerning drugs in the community	95
	No increase in knowledge concerning drugs in the community	2
	No opinion	1
3B	Increase in knowledge about the kinds of drugs and their effects	83
	Increase in knowledge about individual and social factors affecting durg use	74
	Increase in knowledge about drug culture jargon	60
	Increase in knowledge about state laws concerning drugs	57
	Increase in availability of drugs in my community	51
	Increase in knowledge about treatment and rehabilitation resources and services available to drug users in my community	58
	Increase in knowledge about drug prevention programs and services available to potential drug users in my community	59
	Increase in knowledge about constructive alternatives to the abuse of drugs	41
4A	Change in attitudes or feelings about people who use drugs	53
	No change in attitudes or feelings about people who use drugs	44
5	The local community has drug education programs	72
	The local community does not have drug education programs	20
	No opinion	4
	No response	1

Qtr. Number	Question	Percentage
6A	Presently engaged in an aspect of drug education or rehabilitation	73
	Not presently engaged in an aspect of drug education or rehabilitation	2
	No response	1
6B	Participate in elementary preventive drug education	31
	Participate in junior high preventive drug education	37
	Participate in high school preventive drug education	40
	Participate in adult community drug education program	26
	Participate in youth/adult community drug education program	27
	Participate in drug intervention program/counseling with experimental drug users	12
	Participate in drug rehabilitation program/working with drug addicts in a controlled setting	4
	Participate in other programs	14
6C	This is more activity than last year	61
	This is not more activity than last year	26
	No response	12
7A	Drug education is concerned with prevention and treatment of drug abuse	44
	Drug education is a large concern to safeguard the welfare and productiveness of future generations	48
	Drug education is part of the school's larger role of developing new relationships with the community and community agencies	22
	Drug education is a larger concern to humanize education and make it both more interesting and relevent to youth	34
	Drug education is a part of efforts to deal with the communications gap and all things which cause divisions and misunderstandings	47
	Other viewpoints	8
7B	Would indicate first the view that drug education is concerned with prevention and treatment of drug abuse	16
	Would indicate first the view that drug education is a larger concern to safeguard the welfare and productiveness of future generations	14
	Would indicate first the view that drug education is a part of the school's larger role of developing new relationships with the community and community agencies	1
	Would indicate first the view that drug education is a larger concern to humanize education and make it both more interesting and relevant to youth	10
	Would indicate first the view that drug education is a part of efforts to deal with the communication gap	11

Qtr. Number	Question	Percentage
	Would indicate first that I view drug education in other terms	2
8A	Participated in a formal program within the past year that was aimed at influencing my knowledge or feelings about drug use	91
	Have not participated in a formal program within the past year that was aimed at influencing my knowledge or feelings about drug use	7
	Did not respond to the question	1
8B	Have participated in more than one formal drug education program	44
	Have not participated in more than one formal drug education program	46
	No response	8
9A	Indicated the outcome "an increase in my general information about the national drug problem."	
	Indicated the outcome "on increase in my general information about my community's drug problem"	57
	Indicated the outcome "on increase in specific information I have about action to be taken to deal with the problem at the national level"	28
	Indicated the outcome "on increase in specific information I have about action to be taken to deal with the problem at the local level	66
	Indicated the outcome "on increase in my understanding of the ways for dealing with differences between people"	
	Indicated the outcome "a personal feeling that the drug problem is too hopefully complex for effective solution"	6
	Indicated the outcome " a personal acquistion of skills needed if I intend to help solve the drug problem"	45
	Indicated the outcome " a personal feeling that action can and should be taken now to begin to solve the problem"	
	Indicated the outcome " a reduction in the use of drug by students"	8
	Indicated the outcome "on increase in availability of money and/or people to help solve drug problems"	29
	Indicated the outcome "the opportunity for students to be involved in my local school drug education program"	56
	Indicated the outcome " a personal awareness of the misuse/abuse of legal drugs	
9B	Indicated first the outcome "on increase in my general information about the national drug problem"	14
	Indicated first the outcome "on increase in my general information about the community's drug problem"	13

Qtr. Number	Question	Percentage
	Indicated first the outcome "on increase in specific information I have about action to be taken to deal with the problem at the national level"	1
	Indicated first the outcome "on increase in specific information I have about action to be taken to deal with the problem at the local level"	14
	Indicated first the outcome "on increase in my understanding of the ways for dealing with differences between people"	14
	Indicated first the outcome " a personal feeling that the drug problem is too hopefully complex for effective solution"	0
	Indicated first the outcome "a personal acquisition of skills needed if I intend to help solve the drug problem"	3
	Indicated first the outcome " a personal feeling that action can and should be taken now to begin to solve the problem"	8
	Indicated first the outcome " a reduction in the use of drugs by students"	0
	Indicated first the outcome "on increase in availability of money and/or people to solve drug problems"	1
	Indicated first the outcome "the opportunity for students to be involved in my local school drug education program"	9
	Indicated first the outcome "a personal awareness of the misuse/abuse of legal drugs]	6
	Indicated second the outcome "on increase in my general information about the national drug problem"	1
	Indicated second the outcome "on increase in my general information about my community's drug problem"	6
	Indicated second the outcome "on increase in specific information I have about action to be taken to deal with the problem at the national level"	1
	Indicated second the outcome "on increase in specific information I have about action to be taken to deal with the problem at the local level"	12
	Indicated second the outcome "on increase in my understanding of the ways for dealing with differences between people"	12
	Indicated second the outcome "a personal feeling that the drug problem is too hopefully complex for effective solution"	1
	Indicated second the outcome "a personal acquisition of skills needed if I intend to help solve the drug problem	11
	Indicated second the outcome "a personal feeling that action can and should be taken now to begin to solve the problem"	19
	Indicated second the outcome " a reduction in the use of drugs by students"	1

Qtr. Number	Question	Percentage
	Indicated second the outcome "on increase in availability of money and/or people to solve drug problems	3
	Indicated second the outcome "the opportunity for students to be involved in my local school drug education program"	11
	Indicated second the outcome "a personal awareness of the misuse/abuse of legal drugs"	7
	Indicated third the outcome "on increase in my general information about the national drug problem"	3
	Indicated third the outcome "on increase in my general information about my community's drug problem"	4
	Indicated third the outcome "on increase in specific information I have about action to be taken to deal with the problem at the national level"	0
	Indicated third the outcome "on increase in specific information I have about action to be taken to deal with the problem at the local level"	7
	Indicated third the outcome "on increase in my understanding of the ways for dealing with differences between people"	6
	Indicated third the outcome "a personal feeling that the drug problem is too hopefully complex for effective solution"	1
	Indicated third the outcome " a personal acquisition of skills needed if I intend to help solve the drug problem"	6
	Indicated third the outcome "a personal feeling that action can and should be taken now to begin to solve the problem"	13
	Indicated third the outcome "a reduction in the use of drugs by students"	1
	Indicated third the outcome "on increase in availability of money and/or people to solve drug problems"	4
	Indicate third the outcome "the opportunity for students to be involved in my local school drug education program"	15
	Indicated third the outcome "a personal awareness of the misuse/abuse of legal drugs"	22
10A	The training session dealt with improvement of organizational skills	32
	The training session dealt with creation and operation of task-oriented teams	40
	The training session dealt with development of drug education curricula for schools or communities	50
	The training session dealt with improvement of interpersonal communication skills	43
	The training session dealt with development of self-awareness	49
	The training session dealt with improvement of problem-solving skills	29

Qtr. Number	Question	Percentage
	The training session dealth with improvement of evaluative skills for materials and programs	39
	The training session dealt with skills to adapt programs to specific groups	18
	The training session dealt with skills to motivate my community to action	40
10B	The skill most beneficial in practice is improvement of organizational skills	12
	The skill most beneficial in practice is creation and operations of task-oriented teams	17
	The skill most beneficial in practice is development of drug education curricula for schools or community	31
	The skill most beneficial in practice is improvement of interpersonal communication skills	27
	The skill most beneficial in practice is development of self-awareness	23
	The skill most beneficial in practice is improvement of problem-solving skills	12
	The skill most beneficial in practice is improvement of evaluative skills for materials and programs	15
	The skill most beneficial in practice is skills to adapt programs to specific groups	6
	The skill most beneficial in practice is skills to motivate my community to action	17
11A	The training session used lectures	58
	The training session used lectures with discussion	73
	The training session used panal discussions	61
	The training session used films and other media	74
	The training session used field trips	18
	The training session used problem-solving	30
	The training session used role playing, psychodrama, stimulation	37
	The training session used small group discussions	74
	The training session used case study	20
	The training session used dramatic presentations, skits	20
	The training session used other types of instructional methods	35
11B	Would use lectures	26
	Would use lectures with discussions	62
	Would use panal discussions	46
	Would use films and other media	62
	Would use field trips	33
	Would use problem-solving	35
	Would use role playing, psychodrama, stimulation	39
	Would use small group discussions	58
	Would use case study	32
	Would use dramatic presentations, skits	23

Qtr. Number	Question	Percentage
	Would use other instructional methods	13
11C	Have used lectures	27
	Have used lectures with discussions	44
	Have used panal discussions	29
	Have used films and other media	44
	Have used field trips	8
	Have used problem solving	17
	Have used role playing, psychodrama, simulation	17
	Have used small group discussions	51
	Have used cas study	10
	Have used dramatic presentations, skits	10
	Have used other instructional methods	9
12	Influencial source of drug information has been newspapers	17
	Influencial source of drug information has been	19
	Influencial source of drug information has been films about drugs	23
	Influencial source of drug information has been word of mouth	23
	Influencial source of drug information has been experience	21
	Other sources have been influencial	22

Program Information Update Forms

These forms were developed during June 1970 to serve three purposes:

1. To provide feedback to each state program as to the information that had been collected from their program;
2. To request an update of any of the initial design or expectation data;
3. To collect supplementary information in the following areas of program effect:
    - a. Estimates of funds or other services generated as a result of the NDETP
    - b. Estimates, based upon experience, of the validity of the original program components, assumptions, strategies
    - c. Identification of state evaluation reports or other effectiveness measures.

A sample form is included on pages 136 - 137.

Information collected from this update effort is included in the data summaries already described, with the exception of the data provided regarding additional funds and services generated and state evaluation reports. This information is included as --

TABLE 23 - OTHER FUNDS OR SERVICES FOR DRUG EDUCATION WHICH WERE GENERATED BY THE 1970-71 EPDA DRUG EDUCATION TRAINING PROGRAM IN EACH STATE AND TERRITORY.
TABLE 24 - STATE-INITIATED EVALUATION REPORTS AVAILABILITY.

An additional information collection instrument, which dealt with planning information rather than assessment data, was developed and distributed to each state in June 1971. A sample is on pages 138 - 139. The results of this survey on information needs for decision-making in drug education programs is included in Section IV of this report - Special Report on the Information Support Requirements for the Management of the National Drug Education Programs.

NDETP

PROGRAM INFORMATION UPDATE FORM

____
STATE

The information on the attached summary sheets may include items which you originally had to estimate but which you can now bring up-to-date so that the information on your state will be as complete as possible.

Please use this form to note these changes, and any other information you wish included in the report of the 1970-71 program. Return this information by August 15, 1971 or sooner, if possible. Thank you.

---

1. _______Number of School Districts that Have Participated in the State Drug Education Training Program as of June 30, 1971
2. _______Estimate of number of districts who will have participated by September 1, 1971
3. _______Total number of people who have received training as of June 30, 1971 as a result of your 1970-1971 State Drug Education Training Program
4. a.Information on the attached summary sheet includes data only on those programs on which reports were submitted. Please use the table below to expand those figures to represent the total number indicated in question 3 above. (See enclosed Table 3A for kinds of individuals included in each category.)

Summary of Number and Type of Trainee Reported by Level

Background of Trainees	Level 1	Level 2	Level 3	TOTALS
State Level Personnel	____	____	____	____
County Level Personnel	____	____	____	____
Community Level	____	____	____	____
School Personnel	____	____	____	____
Youth	____	____	____	____
TOTALS	____	____	____	____

b. What is your source for these data?

5. Other changes, additions, etc., to the enclosed data:
(Use additional sheets, if necessary)

(continued next page)

The following information was not requested before, but can be extremely valuable for demonstrating the effects of your program.

---

6. Please estimate any other funds or services for drug education which were generated by the 1970-71 Drug Education Training Program in your state.

Funding Source	Amount of Contribution or Description of In-Kind gift

(Use additional sheets, if necessary)

7. The 1970-71 NDETP was predicated on several basic assumptions as to the components of a process which would permit the program to accomplish its purposes with the limited resources which were available. Among these were:

- a "multiplier" training program
- school - community cooperation and involvement
- involvement of youth in planning and implementation
- multi-agency cooperation
- the commitment of additional local and state resources
- a team approach to training

On the basis of your experience this past year, were each of these assumptions valid?

If you can provide any anecdotes which illustrate the particular effectiveness of any of these program components we would appreciate receiving them.

(Use additional sheets, if necessary)

8. Did your State program conduct any measurements of overall program effectiveness? ☐ YES ☐ NO
If a copy, or summary of this report is available please enclose when you return this form.
☐ COPY ENCLOSED ☐ COPY MAILED SEPARATELY ☐ NONE AVAILABLE

9. Name of person completing this form: ______________________

____
Title

Please return to: DRUG ASSESSMENT
E. F. Shelley & Co., Rm. 509
1730 Rhode Island Ave., N. W.
Washington, D. C. 20036

please return to: DRUG ASSESSMENT
E.F. Shelley & Co., Rm. 509
1730 Rhode Island Ave., N.W.
Washington, D.C. 20036

NDETP
INFORMATION NEEDS

STATE ____________

Indicated below are some general types of information which are frequently used to influence program decisions. (These items are suggested only. Feel free to add others which you may have used and to include comments.)

While acknowledging that it would have been ideal to have had access to all the types of information below, we would appreciate it if you would place a value on each type in terms of its specific utility for the operational and planning decisions you actually had to make this year.

TYPE OF INFORMATION USED IN MAKING PROGRAM DECISIONS	VALUE (check one)				TIMELINESS											
	Did Use	Would have used if available	Would have been nice to know	Little, or No value	If useable, check most appropriate month(s)											
					J	F	M	A	M	J	J	A	S	O	N	D
A. OBJECTIVE: 1. Comparative data from NDETP programs in other states-"Who, How many, etc."																
2. Identification of drug prevention and/or rehabilitation programs in your state or region																
3. Identification of other drug education programs in your state or region																
4. Program descriptions of other drug education programs																
5. Extent of drug problem in your own locale																
6. Numbers of trainees going through your program																
7. Systematic feedback as to the effect of your programs																
B. SUBJECTIVE: 1. Informal feedback as to the effect of your program																
2. Shared success experiences of others with similar programs-"How to..."																
3. Shared experiences, as above, but including failures, problems, needs																
4. Feedback from site visitors to your project																

TYPE OF INFORMATION USED IN MAKING PROGRAM DECISIONS	VALUE (check one)				TIMELINESS											
	Did Use	Would have used if available	Would have been nice to know	Little, or No value	If useable, check most appropriate month(s)											
					J	F	M	A	M	J	J	A	S	O	N	D
C. FORMAL RESEARCH: 1. Published findings on what really works-validated approaches																
2. Identification of research projects underway																
D. RESOURCES: 1. Listings of books, films, etc.																
2. Listings of consultants for specific problem areas																
3. Identification of other funding sources for drug education programs																
E. OTHER:																

(use additional pages, if necessary)

TABLE 23 OTHER FUNDS OR SERVICES FOR DRUG EDUCATION WHICH WERE GENERATED BY THE 1970-71 EPDA DRUG EDUCATION TRAINING PROGRAM IN EACH STATE AND TERRITORY
(As Reported on NDETP Program Information Update Form -- 33 States and Territories Responding)

State/Territory	Funding Source	Amount of Contribution or Description of In-Kind Gift	Total
Alabama	None		-0-
Alaska	Agencies of State, Federal and Local Government	$10,000 in salaries, travel, per diem for consultants and participants in workshops	$ 10,000
Arizona	State Appropriation FY '70-71	$282,000	$ 282,000
Arkansas	Other USOE Funds	$125,000	
	Office of Economic Opportunity	$ 30,000	$ 155,000
California	Department of Education - Percent of State Team's Salaries and Operating Expenses	$ 20,000	
	Contributed Service ($\frac{1}{2}$ time) of Coordinator for State Drug Education Training Program	$ 10,000	
	Department of Human Resources - Service of Personnel who Served as Members of State and Regional Training Teams -- not just as consultants	$ 1,050 (State: $31,050)	
	County Superintendent of Schools Offices	$ 7,760	
	County Law Enforcement Agencies	$ 780	
	County Departments of Public Health	$ 1,200	
	County Narcotics Commission	$ 540	
	Local School Districts	$ 23,550	
	Funds Donated by Community Groups for Materials and Speakers at Training Sessions	$ 500 (Local: $34,330)	$ 65,380
Colorado	State Legislature:		
	Department of Education (H. B. 1136)	$140,000	
	Department of Health (H. B. 1137)	$100,000	$ 240,000
	(These funds existed by law before the NDETP in Colorado, but all funds were used to enhance the NDETP and "multiplier effect". I think the Denver Public Schools Title III Drug Project resulted from our NDETP; some effect on the development of the Fort Collins' project to be funded by USOE.)		
Connecticut	Plan to seek this information in the fall -- we feel that much extra local money was forthcoming.		-0-
Delaware	State (Matching Funds)	$ 40,000	
	State (Drug Awareness Week)	$ 5,000	
	Department of Public Instruction	Teachers given released time	$ 45,000
Florida	State Appropriation	$ 76,400	$ 76,400
Illinois	ILEC (Illinois Law Enforcement)	$ 25,000	
	Service Clubs in Various Parts of the State	$ 20,000	
	School Districts (Estimate)	$100,000	$ 145,000

Page 1 SUBTOTAL: $1,018,780

TABLE 23 OTHER FUNDS OR SERVICES (page 2)

State/Territory	Funding Source	Amount of Contribution or Description of In-Kind Gift	Total
Indiana	Many Community Organizations Helped Support the Regional Programs with both Money and Services		-0-
Iowa (Estimate)	County Crime Commission - Local Programs in Educational Prevention	$ 15,000 - 20,000	
	Individuals and Service Clubs - Money Made Available for Individual Projects	$ 10,000	
	Local School Districts	$ 20,000 - 30,000 In-kind: Teachers' Salaries while attending Inservice Programs	$ 52,500
Kansas	Governor's Committee on Criminal Administration	$ 32,000	
	In-kind Funds Amount to Over $56,000 -- I do not have figures for in-kind funds by community people who took time off from their jobs to attend conferences.	$ 56,000 School Systems have hired Substitutes so Regular Teachers could attend the workshops	$ 88,000
Kentucky	Kentucky Departments of Public Safety and Mental Health	Providing one Team Member each (Fulltime); Paying their salaries and portions of their expenses.	(Not Given a Dollar Value)
	Kentucky Crime Commission	An evaluation from the University of Georgia -- two of our workshops (one - urban; one - rural) were evaluated for 4 days.	
	NIMH Clinical Research Center, Lexington	One staff member and 263 Ex-Addicts for 14 Regional Workshops	
Maine	Maine Law Enforcement Planning and Assistance Agency (for 1 trainer institute)	$ 14,131	
	Department of Mental Health and Corrections (for 1 trainer institute)	$ 14,000	
	Department of Education, Title V (for 1 trainer institute)	$ 16,000	
	Department of Education, Title III	$ 2,000	
	Department of Education	$ 9,000 - donated services and office space)	
	Department of Health and Welfare	$ 1,350 - donated materials, i.e., films, booklets, pamphlets Also, small material donations from private companies, i.e., Grant's Dairy, Humpty Dumpty Potato Chips, Dunkin' Donuts, and Central Maine Power Co.	$ 56,481
		Page 2 SUBTOTAL:	$ 196,981
		ASCENDING TOTAL:	$1,215,761

TABLE 23 OTHER FUNDS OR SERVICES (page 3)

State/Territory	Funding Source	Amount of Contribution or Description of In-Kind Gift	Total
Maryland	State Drug Abuse Authority for Payment of Consultants	$ 2,500	
	State Department of Public Works	$ 21,800	
	Governor's Commission on Law Enforcement and Administration of Justice	$ 23,650	$ 47,950
Massachusetts	None		-0-
Michigan	State and Local School Districts (It could be that these funds would have come without NDET program activities)	$350,000	$ 350,000
Minnesota	Department of Education	$ 18,620	
	Department of Health	$ 7,000	
	Department of Public Welfare	$ 1,000	
	Minnesota Respiratory Health Association	$ 1,000	
	Duluth Public Schools	1½ Professional Staff	
	Stillwater Public Schools	½ Professional Staff	
	Department of Education	½ Professional Staff	$ 27,620
Montana	Local School Districts, Local Service Organizations and Other State Agencies -- It is impossible to make an accurate estimate, but an educated guess is:	$ 10,000	$ 10,000
New Hampshire	Governor's Commission on Crime and Delinquency	$ 9,000	$ 9,000
New Mexico	LEAA	$ 15,000	
	LEAA	$ 30,299	
	Health and Social Services Department	$ 10,000	
	Department of Education	$ 12,793 (in-kind)	$ 68,092
North Dakota	City of Bismarck	$ 8,000	
	Burleigh County	$ 8,000	
	Law Enforcement Council Grant	$ 24,000	
	Federal Grant	$ 60,000	$ 100,000
Oklahoma	Law Enforcement Assistance Discretionary Grants:		
	Norman, Oklahoma	$ 16,790 Federal	
	" "	$ 7,025 Matching Local	
	Jackson County	$ 3,482 Federal	
	" "	$ 7,128 Matching Local	
	Tulsa, Oklahoma	$ 10,060 Federal	
	" "	$ 7,250 Matching Local	
	Seminole Junior College	$ 8,845 Federal	
	" " "	$ 3,500 Matching Local	
	Oklahoma State University	$ 5,000 Federal	
	" " "	$ 1,666 Matching Local	
	Ardmore, Oklahoma	$ 2,987 Federal	
	" "	$ 1,524 Matching Local	
	Title III ESEA to Bartlesville, Oklahoma	$ 52,370 Federal	$ 127,627
		Page 3 SUBTOTAL:	$ 740,289
		ASCENDING TOTAL:	$1,956,050

TABLE 23 OTHER FUNDS OR SERVICES (page 4)

State/Territory	Funding Source	Amount of Contribution or Description of In-Kind Gift	Total
Oregon	None		-0-
Pennsylvania	None - Although the project enable some local districts to submit for funding through the Pennsylvania Department of Justice, Criminal Justice Planning Board. Matching State Funds were requested in the General Fund Budget for 1971-72, for $80,000, but this is pending. Pennsylvania Jaycees have given Drug Education their focus for effort in 1971-72, and they have expressed interest in working in relationship to the State Education Project.		-0-
Rhode Island	None		-0-
South Dakota	None		-0-
Tennessee	None		-0-
Utah	The seed money (from the $40,000 1970-71 EPDA grant) was often matched with District funds and teacher released time to the extent that it is judged that the $40,000 grant has equaled between $60,000 and $70,000 in program benefits to the State. Some School Districts hired substitutes for three days, others released students for an entire day thus being able to conduct a Thursday through Saturday seminar. In addition, the Project Director was paid out of State funds and spent approximately 80% of his time on this project during the 1970-71 school year.	$ 65,000	$ 65,000
Wisconsin	CESA 1	$ 200	
	CESA 2	$ 12,000	
	CESA 3	$ 1,800	
	CESA 4	$ 200	
	CESA 8	$ 38,000	
	CESA 8	$ 74,000 (Title III)	
	CESA 9	$ 300	
	CESA 10	$ 950	
	CESA 11	$ 11,800	
	CESA 13	$ 12,000	
	CESA 14	$ 300	
	CESA 15	$ 1,000	
	CESA 19	$ 6,000	$ 158,550
Guam	None		-0-
		Page 4 SUBTOTAL:	$ 223,550
		ASCENDING TOTAL:	$2,179,600

TABLE 23 OTHER FUNDS OR SERVICES (page 5)

State/Territory	Funding Source	Amount of Contribution or Description of In-Kind Gift	Total
Puerto Rico	State Government - Personnel (In-Kind Gift)		
	80 Social Workers (10% Time)	$ 60,960	
	6 Guidance Counselors (10% Time)	$ 4,632	
	80 Health Educators (10% Time)	$ 51,360	
	24 Supervisors of Social Work, Health, Guidance and School Community Relations (20% Time)	$ 39,456	
	1 General Supervisor (100% Time)	$ 10,920	
	1 General Supervisor (50% Time)	$ 4,860	
	1 Director - Health Program (25% Time)	$ 3,300	
	Total Personnel: $175,488		
	State Government - Other Direct Costs		
	Employee Services and	$ 14,916	
	Benefits	$ 1,755	
		$ 1,485	
	Office Equipment	$ 649	
	Operational Expenses	$ 5,416	$ 199,709
		Page 5 SUBTOTAL:	$ 199,709
		ASCENDING TOTAL:	$2,379,309

TABLE 24 STATE REPORTS OF MEASURES OF OVERALL PROGRAM EFFECTIVENESS AS REPORTED TO E. F. SHELLEY AND COMPANY, INC.
(As Reported on NDETP Program Information Update Form -- 33 States and Territories Responding)

State/Territory	Did State Conduct Its Own Measure of Overall Program Effectiveness?	Is This Report Available by Request from State Coordinator?	Report Title and/or Other Comments
Alabama	No	None Available	
Alaska	No	None Available	
Arizona	Yes	1) Yes	"Drug Education Division Activity Summary 1970-71"
		2) Not Yet Complete	Overall State Evaluation Conducted by Arizona State University
Arkansas	Yes	None Available as of Now	"Arkansas Drug Training Program Survey 1970-71"
California	Yes	Yes	"Evaluation of the California Drug Education Training Program 1970-71"
Colorado	Yes	Yes	"A Final Evaluation of the 1970-71 Drug Education Programs in the State of Colorado", by Dr. James C. Gardiner, June 1, 1971
Connecticut	Yes	1) Yes	"Participant Evaluation of Summer Institute in Teacher Training and Communication Interaction in Drug Abuse Education", by Dr. Randolph E. Edwards, June 28 - August 6, 1971
		2) No	State Program Evaluation planned for Fall 1971
Delaware	Yes	Yes	"Delaware's Implementation of the National Drug Education Training Program, Phase One, Training - An Assessment Report", by Carol Victor, April 19, 1971
Florida	Yes	Yes	"Progress Report of the Drug Abuse Education Act of 1970"
Illinois	Yes	None Available	Individual Reports but No Overall Summary
Indiana	Yes	Evaluation Not Yet Complete	
Iowa	No	None Available	
Kansas	Yes	Yes	"Results of Survey Taken at Each Regional Conference" and "Comments by Participants in Regional Workshops"
Kentucky	Yes	Yes	"Results of Local School District Survey of Activity"
Maine	Yes	Yes	"Results of the Maine Drug Education Program"
Maryland	Yes	Yes	"Evaluation - Drug Education Training Program", by Hank Pugh and Betsy McKay
Massachusetts	Yes - See Comments	?	(Misunderstood Question; assumed FORMs 1, 2 and 3 constitute the "State Evaluation")
Michigan	No	No	This will be done during 1971-72.
Minnesota	Yes	Yes	"An Evaluation of Model Community Programs for Drug Inservice Education", by the College of Education, University of Minnesota, June 15, 1971
Montana	Yes	None Available At This Time	
New Hampshire	Yes	Not Completed	
New Mexico	Yes	None Available	
North Dakota	No	No	
Oklahoma	Yes	Yes	?
Oregon	Yes	Yes	?
Pennsylvania	Yes	Yes	?
Rhode Island	No Response	?	
South Dakota	No	No	Only individual workshop evaluations - no overall program evaluation.
Tennessee	Yes	Yes	?
Utah	Yes	Yes	"Participants' Responses to the EPDA Drug Abuse Education 'Live In' at Park City, Utah, Nov. 2-6, 1970" and "1971-72 Utah Drug Abuse Education Project Proposal"
Wisconsin	Yes	Yes	"CESA Summaries"
Guam	No	No	
Puerto Rico	Yes	Yes	?

In-Depth Observation of the Multiplier Process

Interaction between the contractor and OE/NAC staff as part of the process that was employed in developing the design and training outcomes instruments led to the identification of additional information needs that were beyond the scope of the original assessment. Subsequently, additional resources were provided to undertake a closer look at the actual multiplier process in a small but carefully selected number of states. Copies of the instruments which were developed to assist the interviewer are on pages 147 - 169. The results of this survey are provided as in Section III, OBSERVATIONS OF THE MULTIPLIER PROCESS IN SEVEN STATES: California, Colorado, Delaware, Florida, Georgia, Maine, and New Hampshire.

TRAINEE INTERVIEW SCHEDULE
(All except for State Team)

Student ☐ ☐ ☐
Teacher ☐ ☐ ☐
Counselor ☐ ☐ ☐
Administrator ☐ ☐ ☐
Parent
Community Prof. ☐

T. Center
State Team
Local Team
Participant
Locally involved y n

Date of Interview:

Name: ______
Profession: ______
Level: ______
School District: ______

Date training began ______, ended ______, duration ______

Location: ______

How did you come to participate in the training program?

Selected ______ Had a choice ______
Volunteered ______
Heard about it and wanted to take part ______

What was your reason for taking part in the training program?

Who were the other people involved in the program, such as:

Trainees:

Reaction to this combination:

Students		
Teachers		
Principals		
School Adm.		
Community People		
Parents		

Would it have been better if there had been more people from a particular category? y n

Why?

Consultants:

				Reaction
Doctors				
Lawyers				
Ex-Addicts				
Drug Users				
Police				
School Adm.				
University				
Parents				
Drug Counselors				
Pharmacist				
State Dept. of Ed.				
State Drug Programs				

Trainers: Number

Others:

What do you think the trainers wanted you to learn as a participant in the training program.

				Why
1				
2				
3				
4				

What did you learn from the experience?

1	
2	
3	
4	

What methods were used in the training?

		Which were the most effective?	Why?
Lectures questions: answer			
Film			
Tapes			
Sensitivity techniques			
Discussion group			

Have you noticed any changes in yourself as a result of this training?

		In what way?
Family relations husband ☐ children ☐		
Professional expertise		
Relationship with students		
Relationship with faculty		
Understanding of own needs		
Understanding of other needs		
Know more about drugs I use and their effects		

How did this training affect you professionally, that is

		How
Relationship with students		
Principals		
Developing school policy		
Community programs I can get involved in		
Referral centers		

Did you expect this type of training? y n

What didn't you expect?

What did you expect?

What improvements would you recommend in future programs

	Why	What additional resources would be needed?
1		
2		
3		
4		

Student: perception of self, school, and/or role in educational process

Should this method of teaching be used in the schools? y n
Why?

Could it be used in the schools? y n
Why or how?

Did the teachers act differently from the way you expected them to act?
In what ways?

Do you expect that this experience will effect your relationship with school personnel? y n
Why?

How do you think this new relationship will effect your learning in other content areas?

Teacher: perception of school and personal role in educational process

Could you use any of these sensitivity techniques, and other methods in the classroom? y n
If no, why?

If yes, how?

Do you expect that this experience will effect your relationship with students?
y n
If yes, in what way?

Did you learn anything other than factual information about drugs and related issues? y n
If yes, what?

Parents: perception of self in relation to community

Did you learn anything other than factual information about drugs and related issues? y n
If yes, what?

Was it a valuable experience? y n
Why?

Needs Assessment Instrument
(N-Level Client)

Role: ____

Was f ederal money used to sponsor this program? y n I don't know
How much ______________________

How much money was spent on this program by the state? __________________
I don't know __________

Do you think that the money was well spent? y n
Why?

How could this money have been better spent? If it had, what needs other that those met, would have been served?

How:	Needs:
	N1
	N2
	N3

Should this type of program continue? y n
Why?

Would you like to have other similiar programs? y n
If yes, around what topic or topics?

Can you suggest specific ways for increasing the government's support of this program?

Report Form A.

State: ______________________

Dates Visited: ______________________

State Coordinator: ______________________

Program Design Map Picture:

TRAINER INTERVIEW SCHEDULE

Section A

Where were you trained? ______________________________

When ? ________________________

Was it a valuable experience? __________________
Knowledge:

Process:

Other:

Was it useful to you in planning your own program? __________________
How?

How did you happen to become a trainer?

How would you define your role as trainer?

By whom was your program planned or designed?

Me		
Us		
He		

Have you any key staff? ________________________

	Who	Volunteer	Consultants Paid	
1				
2				
3				
4				
5				

PROGRAM DESIGN MAP

Section B

I. Number of training programs ______________________________

Date began	ended	duration	No. of Trainees	location
________	________	________	____	__________
________	________	________	____	__________
________	________	________	____	__________
________	________	________	____	__________

Program Design Map Section B (Cont.)

II. Major Purposes					Why S or F
I. Methods Used					

Section C

I. How would you improve or change the program design next time?

II. Have you any evidence of the success of the program?

Community response (active program)		
Structured follow-up		
Free floating feedback		

III. Where are good things happening now? (location)

1. ______________________________
____
____

2. ______________________________
____
____

?

Section C

I. **How** would you improve or change the program design next time?

II. **Have** you any evidence of the success of the program?

Community response (active program)		
Structured follow-up		
Free floating feedback		

III. Where are good things happening now? (location)

1. ______________________________

____

____

2. ______________________________

____

____

State ________
Pair Code # ________

Report Form A_2

Did the trainee identify the trainer's purposes? y n

If not, why?

Did the trainee think that the trainer's purposes were achieved? y n

Why?

If the purposes were achieved, did both trainer and trainee see the same reasons for the success? y n

Why? (methods)

Report Form A_1

State: ____________________
Dates Visited: ____________________

Pair Code Number	Date Interviewed	Date Trained	By Whom	Trainer	Date Interviewed	Trainee	Date Trained	By Whom

STATE COORDINATOR INTERVIEW SCHEDULE

State Team Trainer Interview Form

Date of Interview

____

Section A

State: ____________________
Name of Interviewee: ____________________
Profession: ____________________

Did you attend a National Training Center? y n

Adelphi	California
Wisconsin	Texas

Was it a valuable experience? y n
Knowledge:

Process:

Other:

Was it useful to you in planning your own state program? y n
How?

How did you become director of this state program?

How would you define your role as director?

Are you presently involved as a trainer in the training sessions? y n
How?

Have you any key staff? ____________________

Who	Role	Job Status			Full Time	Part Time
1						
2						
3						
4						
5						

By whom was your program planned or designed?

Me		
Us		
He		

(Shelley design instrument presented here, Form I, Section 2)

Has it been revised? ______________________

Does it need correction? ____________________

How should it look? ______________________

PROGRAM DESIGN MAP

Section B

I. Number of training programs by state team ____________________

Date Program
began __________, ended __________, duration __________, location __________

Program Design Map Section B (cont.)

II.	Major Purposes	Who Effected	Change	Achieved By	Success	Failure	Why S or F
P1							
P2							
P3							
P4							
P5							
III.	Methods Used						
M1							
M2							
M3							
M4							

Participants (Trainees)

IV.

	How Selected	Any Follow-up
State Dept. Personnel		
Community representative		
Students		
Parents		
School Administrators		
Teachers		

V.

		Resources										
Goods	Services	Paid	Low Cost	No Cost	State Dept.	Univ. Personnel	Regional	County	District	Local School	Comm. Professional	Why S or F
	Consultants Drug Users X-Addicts Doctors Lawyers Clergy Police Community People											

Section C

I. How would you improve or change the program design next time?

II. Have you any evidence of the success of the program?

Community Response (Active Program)		
Structured Follow-up		
Free floating feedback		

III. Where are good things happening now? (location)

1. ______________________________
____
____
____

2. ______________________________
____
____
____

3. ______________________________
____
____
____

Name	Address	Phone	Code	Reason for Selection	Did Interview	Did not interview	Why Not

This space is for ad hoc comments of trainer

This space is for ad hoc comments of interviewer

Basic Assumptions Questionnaire

This form was developed and distributed to all state project directors in August 1971 at the special request of the U. S. Office of Education. Its principal purposes were to provide feedback as to early progress in the states, and to serve as a "shaping" influence on those projects in their planning stages.

The form was structured around the original seven program components or strategies, i.e., multiplier, youth involvement, etc., and requested progress reports in terms of each component.

A sample is provided on the following page.

The summary of these responses were provided to the Office of Education in an interim report dated September 22, 1970, and is not included in this final report.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
BUREAU OF EDUCATIONAL PERSONNEL DEVELOPMENT
WASHINGTON, D.C. 20202

August 14, 1970

Dear State Program Director:

The National Drug Education Training Program in which your State is participating is unique in that it is the first Federally-sponsored program in drug education. Likewise, it is one of the first, if not the first, program to get a commitment from all States and eligible territories. While funds for the program are modest, the expectations for it are high. Through the cooperation of the Federal government and State and local agencies the President expects that every school district in the country will be affected by the program. In order to assess the impact of the program the Office of Education is presently developing an overall evaluation design. The evaluation will be conducted by the National Action Committee for Drug Education under the direction of its chairman, Dr. Helen Nowlis.

This letter is to alert you to the evaluation and to the key role that you and your fellow State Program Directors will play in it. For if the evaluation is to be at all successful it will have to depend heavily on a continuing flow of information from the States.

Further details about the evaluation project will be sent to you as they become available. It is expected that the instruments will be in final form by the end of September. In anticipation of the instruments you should, however, begin to set up the administrative machinery within your State to gather the necessary data on a regional as well as a local basis. Information on numbers of people trained, their positions and responsibilities; number of young people involved in training as trainers or trainees; number of workshops conducted, their duration and their content; involvement of institutions of higher education in the State program; type of cooperation and support at all levels whether it be the release of facilities, financial support, released time for personnel to attend training sessions, etc.; the use of teams at all levels; the commitment of teams on a full-time or part-time basis; the achievement of the multiplier effect and a variety of other data will need to be collected.

An evaluation scheme is one of the essential components in each of the State projects. Therefore, you would be collecting the above data as a matter of course. We fully expect, however, that the evaluation effort to be carried out by the National Action Committee will also be of service to you in assessing the impact of the national program in your State.

As a beginning, we need certain preliminary information about your State's program. The enclosure lists the basic program components that were listed in the original specifications according to which your State proposal was developed. For each component certain information is requested. We will appreciate your return of the form in the envelope provided by the deadline date of August 28.

Please get in touch with me (202-962-1915) if this letter causes any problems. As always we are grateful for your cooperation and we look forward here to a fruitful year ahead. Best wishes!

Sincerely yours,

James M. Spillane

James M. Spillane
Chief, Drug Education Branch
Division of Program Resources

Enclosures

Basic Assumptions and Questions
for the
National Drug Education Training Program

1. The establishment by the States and Territories of teams of from 3 to 10 people who will be trained together and will carry out training activity as teams within the states and territories.

   a. Has such a team been established? Yes____ No____

   b. List names, position and affiliation of each team member.

	Name	Position	Affiliation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Describe the activities of the team to date.

(If additional space is needed write on the back, please)

2. The involvement of local schools and communities in the conduct of training programs.

   a. Are local schools and communities involved in your training program? Yes_____ No_____

   b. Describe how they are involved.

3. The involvement of young people in the planning and implementation of the program.

   a. Are young people involved in the planning and implementation of your program? Yes_____ No_____

   b. Describe how they are involved.

4. Cooperation of state agencies in the development of the program.

   a. Are other state agencies involved in the development and implementation of your program? Yes____ No_____

   b. List which other state agencies are involved and describe how.

5. The commitment of state and local resources to training programs in Drug Education.

   a. Are state and local resources committed to your program? Yes_____ No_____

   b. Describe briefly the extent and nature of the commitment.

6. The establishment of teams at regional and local levels for training educational personnel and youth.

   a. Have such teams been established in your program?
      Yes______ No______

   b. Describe briefly their activities to date or your plans for their establishment.

7. The training of personnel at the state level who will train other personnel at the regional level, who will in turn, trai other personnel at the local level in order to provide Drug Education to youth in their school and community.

   a. Has this been included in your plan? Yes_____ No____

   b. Describe briefly activities to date of these trainers at the separate levels.

PLEASE SEND COPIES OF DESCRIPTIVE MATERIAL ON ANY TRAINING PROGRAMS THAT HAVE BEEN CONDUCTED OR ARE PLANNED FOR.

PLEASE RETURN YOUR RESPONSES BY AUGUST 28, 1970 TO:

Dr. James Spillane
Division of Program Resources
Bureau of Educational Personnel Development
U. S. Office of Education
Washington, D. C. 20202

A self-addressed, franked envelope is included for your convenience.

Narrative Questionnaire

On October 1, 1970, the Office of Education requested that the contractor develop and disseminate to all state programs a series of "impact" questions which the Office of Program Planning and Evaluation, HEW, wished answered. These questions dealt generally with the effectiveness of techniques, at the local level, for reducing drug abuse among students.

A copy can be found on the following page.

Because few, if any, state programs had begun to branch through the multiplier at that early date (October 1970), the responses generally consisted of a state-level person's estimate of what would happen at the local level.

The returned forms were supplied to the Office of Program Planning and Evaluation, HEW, for analysis.

E.F. SHELLEY AND COMPANY, INC.
1730 Rhode Island Avenue, N.W., Washington, D.C. 20036 • (202) 293-5800

NATIONAL DRUG EDUCATION TRAINING PROGRAM

NARRATIVE QUESTIONNAIRE

Prepared by

E. F. Shelley and Company, Inc.

October 1, 1970

NEW YORK AND WASHINGTON

NARRATIVE QUESTIONNAIRE

Introduction

In completing this questionnaire it would be greatly appreciated if one consideration were kept in mind. Although it is too early to assess these questions in terms of results of the National Drug Education Training Program, your impressions and opinions about what is happening in your state or territory with regard to drug abuse would be most useful to us at this time.

Responding to these questions does not require that a detailed investigation of local activities be initiated now. However, the inclusion of any local data or impressions which you are aware of would be valuable.

As your state's Drug Education Training Program progresses, please keep these five questions in mind as these are the things we will want to know in detail in your final report of June 1971.

We are grateful for your time and cooperation in completing and returning this narrative questionnaire by December 1, 1970. If you have any other comments you are most welcome to include them. Your responses will be summarized and distributed as part of our on-going effort to keep every state and territory up-to-date on activities within each program. Thank you.

NARRATIVE QUESTIONNAIRE

1. Describe the implementation of two techniques which are especially effective in reducing existing drug abuse and/or discouraging abusive experimenting among students.

YOUR STATE/TERRITORY

2. Discuss two methods of operation which you feel are rendering either insignificant or harmful results. Do you think these techniques can be altered sufficiently to make them productive? Please describe any recommended modifications.

YOUR STATE/TERRITORY

3. What is the extent of youth involvement in your state's program? And are the youth responding in productive ways? Do you think more or less youth involvement is needed in the future?

4. Can you estimate the degree of involvement and cooperation being shown by community groups? Are any of their activities making a significant impact on youthful drug users? Is communication a problem?

YOUR STATE/TERRITORY

5. A. At the local level are any drug education programs being established as an outgrowth of the efforts of this program?

Yes ___ No ___

If "Yes", give a brief description of the number and kinds of programs established.

5. B. At the local level are any already existing drug education programs being modified as a consequence of this program?

Yes ___ No ___

If "Yes", give a brief description of the modifications effected.

______________________ YOUR STATE/TERRITORY

WORK PERFORMED UNDER THIS CONTRACT

Information Reporting

INFORMATION REPORTING

The following formal reports have been prepared and submitted to the U. S. Office of Education and the National Action Committee as part of this contract.

1) Preliminary Report on Proposed Information Scheme, August 7, 1970

2) Report to the National Action Committee members, September 25, 1970 (oral presentation plus prepared report) (Note: Revised/Updated Report mailed to NAC members on October 23, 1970.)

3) Interim Report #1, December 11, 1970, special request of Dr. Helen Nowlis

4) Interim Report #2, January 21, 1971, for Meeting with NAC/USOE Evaluation Committee

5) Interim Report #3, May 7, 1971, special request of Dr. Helen Nowlis

6) Interim Report #4, June 30, 1971, special request of Dr. James Spillane

7) Quarterly Report, December 31, 1970

8) Quarterly Report, March 31, 1971

9) Special Report: Information Support Requirements for the Management of the National Drug Education Programs, October 1971

10) Final Report: Catalyst for Federal-State Cooperation, November 1971

In addition to the above formal documents the contractor was called upon to make presentations at national conferences and internal Office of Education meetings; to provide information to other federal agencies; and, to the extent possible within the resources of the contract, to deal with individual state information needs.

Among the agencies who have drawn upon the information resources of this assessment have been the National Institutes of Mental Health; Office of Program Planning and Evaluation, HEW; and the Public Information Office, USOE.

Where sufficient data was available individual states have been provided with interim summaries of the information collected in their states. Additionally, several states requested, and received, special compilations of their data to meet immediate management needs.

ED 068860

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

E.F. SHELLEY AND COMPANY, INC.
NEW YORK AND WASHINGTON

ED 068860

E.F. SHELLEY AND COMPANY, INC.
1730 Rhode Island Avenue, N.W., Washington, D.C. 20036 • (202) 293-5800

SECTION III

OBSERVATIONS
OF THE
MULTIPLIER PROCESS
IN SEVEN STATES

National Drug Education Training Program
1970-71

Principal Investigator
Miss Michele Moran

NEW YORK AND WASHINGTON

TABLE OF CONTENTS

PURPOSE OF SURVEY.. 1

CALIFORNIA.. 8

COLORADO..47

DELAWARE..71

FLORIDA..104

GEORGIA..134

MAINE..163

NEW HAMPSHIRE..199

TENTATIVE CONCLUSIONS..................................219

PURPOSE OF SURVEY

In the multiplier process, an individual who has been trained at one level becomes a trainer at the next subordinate level. In the National Drug Education Program, the number of levels involved and the complexity of the process varied from state to state. In order to gain a broader understanding of this process as drug information was transmitted from the Departments of Education of the various states and territories down to individual classroom teachers, a survey of seven states was conducted by a single interviewer during the months of April and May, 1971.

The report that follows presents a picture of the overall design of the multiplier process in each state, with specific information about objectives, participants, methods, and resources at each level of training. Observations of the interviewer are included at the end of the presentation for each state, and an overall summary of observations is presented at the conclusion of the report.

However, the reader should make his own final judgment concerning the multiplier process as it was applied in this program. He should compare the various state designs, the methods of implementation, and the final results as they were perceived by the participants. The quotations from interviews presented in this report may assist in this comparison. These quotations and the other data presented, however, must be considered in their entirety. Merely reading one or two of the case studies will not provide the reader with a comprehensive picture of the wide range of strategies selected for implementation and the alternative organizational techniques used by the various teams throughout the country.

SURVEY METHODOLOGY

As there were limited resources available for field work, this survey was carried out in only seven states. These states were selected by the National Action Committee, the staff of the Office of Education, and the evaluation staff on the basis of the following criteria:

1. Geography - The states had to be a representative sampling of the various regions of the U.S.
2. Size - The states were selected to be highly varied in size, ranging from California, one of the most populous and largest states, to Delaware, one of the smallest.
3. Seriousness of Drug Problem - The states were selected to be representative. Not all were states seriously troubled with juvenile drug abuse, nor were they all states with minor drug problems.
4. Existence of Intended Multiplier Effect - All states had to have intended to employ the multiplier process.

5. Existence of Youth-to-Youth Involvement - The states had to have planned youth involvement in their drug programs.

There were two subordinate considerations: the state director in each state had to be willing to cooperate with the interviewer by providing names of trainees and other useful data, and the states had to be easily accessible in terms of the interview schedule.

In accordance with these criteria, the states of California, Colorado, Delaware, Florida, Georgia, Maine, and New Hampshire were selected.

In each state, a plan for the selection of respondents was worked out with the state director. In general, the procedure followed the intended flow of information from the highest level in the state (Level I) down to the lowest. Where an individual functioned as a trainee at one level, and as a trainer at the next, he was interviewed in both capacities.

The types of information the interviews were structured to gather included the objectives of the program at each level, the methods and resources employed in training, and the subjective reactions of the respondents.

The interviewer, Miss Michelle Moran, was uniquely suited for her tasks, having worked in the area of community drug education for four years prior to coming to the Office of Education as a fellow. This experience gave her deep understanding of the problems of the persons she interviewed; and enabled her to search out difficulties existing in a community's program that would have escaped the notice of a less knowledgeable observer.

With the guidance of Dr. Malcolm Provus, director of the Evaluation Research Center of the University of Virginia, Miss Moran prepared three interview schedule forms: One for trainers, one for trainees, and one for state coordinators. These forms, which are given as an attachment to this report, are not detailed questionnaires; they are designed to give consistency in wording and format to the elements of the interview relating to certain topics. They leave wide latitude to the interviewer in their implementation. The schedules were field tested during the Delaware survey, the first of the state visits. Only minor alterations were made following the field test, and the basic structure of all interviews conducted during the survey was entirely consistent. Although the schedule forms were used to ensure that responses in all relevant areas had been solicited, the interviews generally took their own course following an initial question. The interviewee was not constrained to a brief response where he felt such an answer would be insufficient or inappropriate; he was permitted to discuss at length any aspect of the training that, in his opinion, merited detailed attention. Every effort was made to make the subject feel comfortable in order that he would share personal feelings and reactions, whether they were negative or positive with respect to the training program. Although the informal nature of the interviews was deliberate, frequently the pressure of time schedules contributed to the informaility. Many interviews were conducted in offices and classrooms; however, it was often necessary for interviews to be held in restaurants, hospitals, private homes, airports, and hotels. With only one week allocated for the survey of each state, such makeshift arrangements were often essential if the interviews were to be conducted at all.

FORMAT OF THE STATE REPORTS SECTIONS

Each separate state case study starts with a Program Design "Map" which displays the various levels of training sessions and the intended flow of information.

The section following portrays the relationships between the subjects interviewed indicating whether they were trainers, trainees or both.

Each level of training is then described in terms of participants, selection criteria, objectives, methods used and resource personnel. The identification, LEVEL 0 indicates the training received at a National Training Center; LEVEL ONE usually describes a State Training session; LEVEL TWO, regional or county; and, in some cases, LEVEL THREE devotes local sessions.

The major portion of each state study is devoted to direct quotations in two categories: the trainers' judgment of success or failure in attaining his objectives, and the trainees' perception of the effect of the training.

Each state report concludes with a chart indicating the "flow" of purposes and objectives from level to level. This is followed in most cases by a listing of subjective observations made by the interviewer.

THE MULTIPLIER PROCESS IN THE STATE OF CALIFORNIA

Dates of Interview Visits:
May 8,9,10,11,12,13, 1971

DESCRIPTION OF CALIFORNIA PROGRAM DESIGN MAP

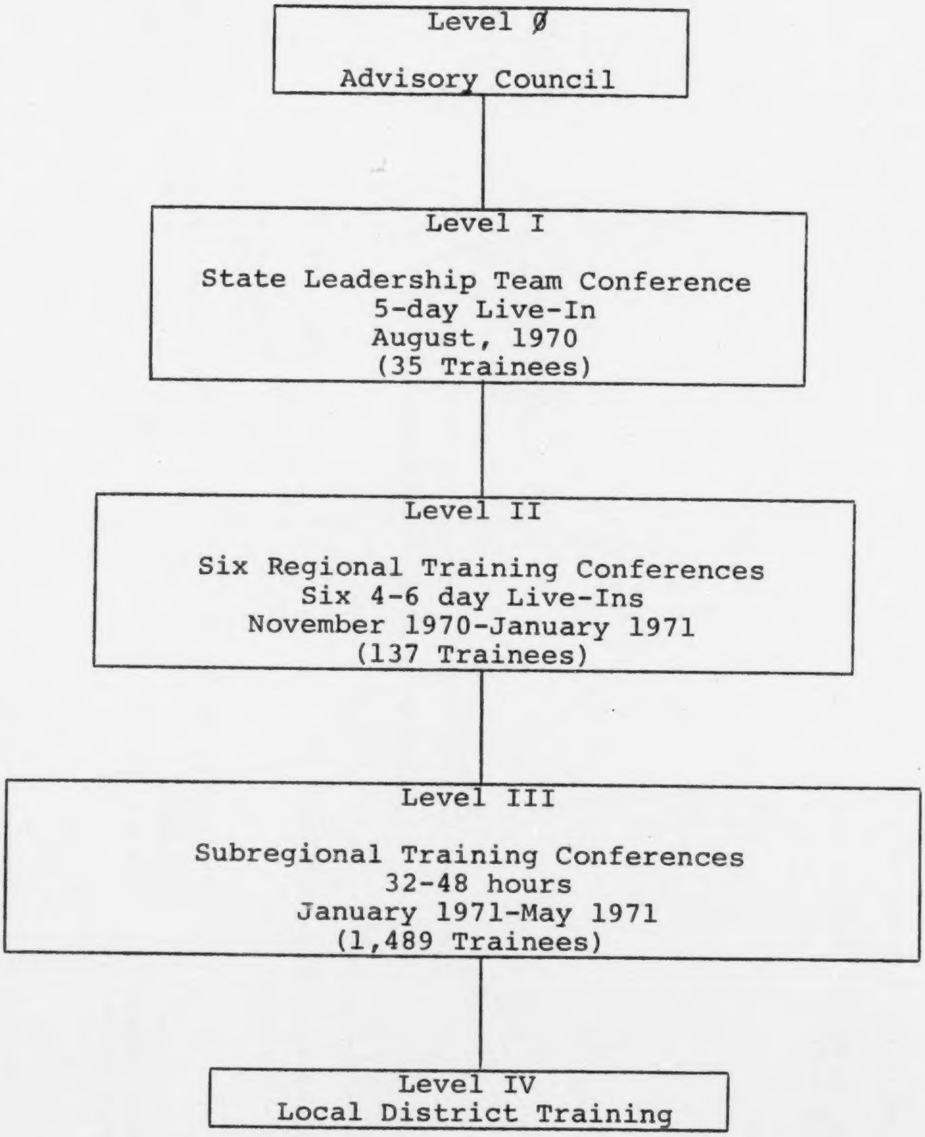
As the California Program Design Map indicates, no state team was sent to a National Training Center. An Advisory Council was formed who would design and direct the State Leadership Team Conference. This was the first level of training. The regional training conferences or Level II were designed and directed by those teams from six regions in the state.

The trainees of these regional conferences in turn designed subregional training conferences. These conferences were modeled after the training received on the regional level.

In some areas visited, local district training sessions had begun to emerge. These programs took various forms and were most elementary in approach. They were primarily directed by individuals rather than by teams and often took place within the classroom setting in a particular content area.

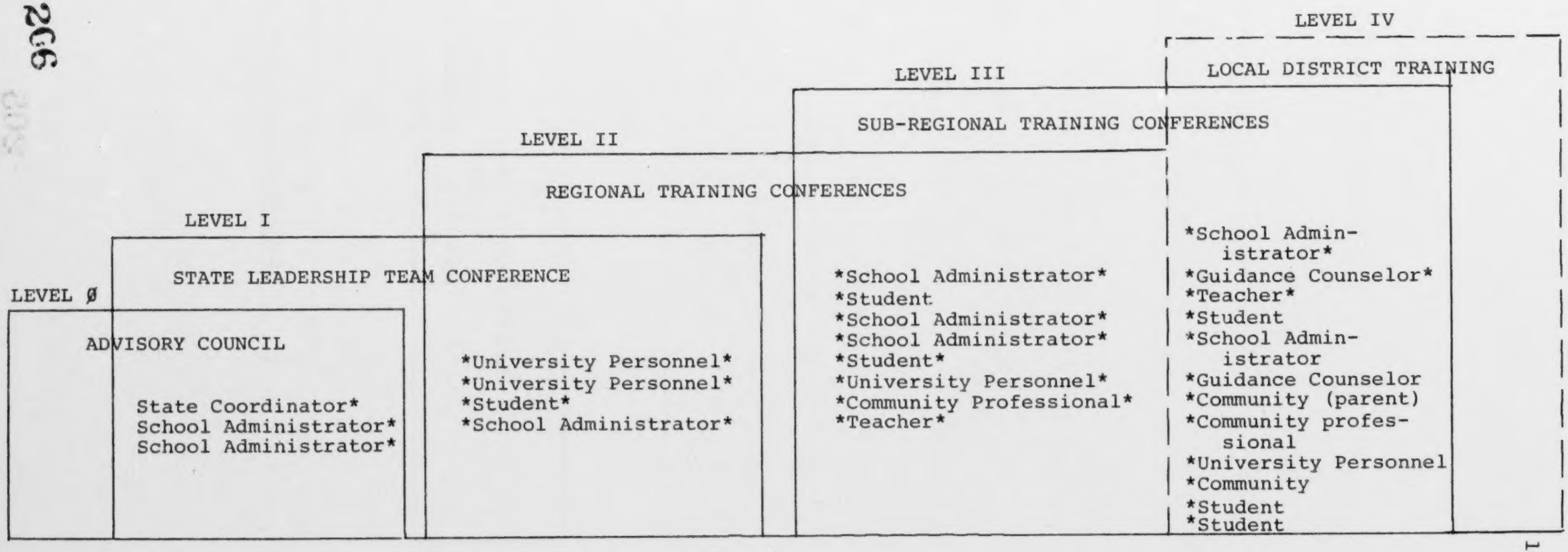
CALIFORNIA

PROGRAM DESIGN MAP


Level 0
Advisory Council
Level I
State Leadership Team Conference
5-day Live-In
August, 1970
(35 Trainees)
Level II
Six Regional Training Conferences
Six 4-6 day Live-Ins
November 1970-January 1971
(137 Trainees)
Level III
Subregional Training Conferences
32-48 hours
January 1971-May 1971
(1,489 Trainees)
Level IV
Local District Training

RELATIONSHIPS OF SUBJECTS INTERVIEWED
CALIFORNIA

*Before title indicates subject served as trainee.
*After title indicates subject served as trainer for next level.



LEVEL 0
ADVISORY COUNCIL
State Coordinator*
School Administrator*
School Administrator*

LEVEL I
STATE LEADERSHIP TEAM CONFERENCE
University Personnel
University Personnel
Student
School Administrator

LEVEL II
REGIONAL TRAINING CONFERENCES
School Administrator
*Student
School Administrator
School Administrator
Student
University Personnel
Community Professional
Teacher

LEVEL III
SUB-REGIONAL TRAINING CONFERENCES
School Administrator
Guidance Counselor
Teacher
*Student
*School Administrator
*Guidance Counselor
*Community (parent)
*Community professional
*University Personnel
*Community
*Student
*Student

LEVEL IV
LOCAL DISTRICT TRAINING

PROGRAM PREPARATION

After the state coordinator and his assistant were hired in the late spring of 1970, it was decided that the State Department of Education would not send a team to one of the four National Drug Education Training Centers. This decision was made on the basis of the fact that the director felt many experts within the field of drug education could be identified within the state of California.

A state advisory council was formed during the late spring to begin to identify experts within various drug-related fields. At the state conference, these individuals would represent a variety of professional persons, such as: psychologists, medical doctors, drug rehabilitation and treatment center directors, educational curriculum specialists, university personnel, youth, community action directors, school administrators, lawyers, law enforcement personnel, pharmacologists, sociologists, etc.

The council first identified competent individuals who represented the various disciplines with primary consideration being given to their willingness to commit themselves to the state program. From this list, the council requested individuals to participate in the state conference. The director felt that this arduous selection process was the most critical stage of the overall program.

Because the participants of the state conference were all experts who were committed to the total state program design prior to their initial meeting, the state conference was consequently designed in such a manner as to facilitate the development of productive relationships between these highly motivated and extremely capable individuals.

The strength of the state leadership team was controlled prior to the conference. These participants were grouped in teams, trained as teams, and shared their expertise in teams. It then followed that the regional conference would be modeled in a similar fashion with members of the state leadership team functioning as consultants when their expertise was requested.

LEVEL I - STATE LEADERSHIP TEAM CONFERENCE

Program Description

Trainers: Director, Advisory Council and Trainees themselves.

Duration of Training: Five day live-in.

Selection Criteria:

As mentioned under Program Preparation in this chapter, the primary criterion for selection of the trainees for the state conference was their commitment to the program. The director personally interviewed each potential trainee, from students to university personnel and community professionals, and informed him of the overall state program objectives as well as the role the director anticipated the trainee would assume after the state conference.

Another criterion of selection considered was geographic spread. Due to the size of the state of California, it was necessary that people from all regions participate in order that the multiplier effect could be realized. The importance of regional support communication networks was taken into consideration prior to the initial preparation.

The potential leaders, representing various professional back grounds and diverse areas of expertise from all regions of the state, were brought together to form the state leadership team. This team was composed of students, educators, and community professionals who shared many common interests prior to the intense interaction experienced during the 5-day live-in conference.

Participants:

Students	33 1/3%
Educators	33 1/3%
Community	33 1/3%

Objectives:

1) To provide the teams with an understanding of the philosophy underlying the state training program.
2) To bring about a change of attitude in the participants on related drug issues through a cross section of opinions presented by experts from various disciplines.
3) To enhance communication skills that would facilitate the realization of program goals.
4) To strengthen the participants commitment to the statewide program design.
5) To enable the participants to design the regional conference they would direct.
6) To provide the participants with resource materials for regional, subregional, and local level training sessions.
7) To dispel myths about drugs through the dissemination of factual information from a multidisciplinary perspective.
8) To provide the participants with an awareness and sensitivity to the need for consistancy in the multidisciplinary approach to drug education on all levels of training.

Methods Used:

1) Lectures
2) Films
3) Group dynamic techniques
4) Organizational development techniques
5) Identification and evaluation of various resource materials
6) Small group discussions
7) Large group presentations
8) Team building techniques
9) Pretest instruments, testing knowledge of drugs, attitudes, and behavior changes.

Resources:

Consultants were identified to direct the group process techniques and organizational development skills. The skills filter down to regional training programs and continue through the multiplier process. Consultants were also identified to serve as resource personnel for obtaining funds within school districts for the regional and subregional training sessions.

Many drug education curricula, films, audiovisuals, tapes, pamphlets, books, etc., were used as learning tools and evaluated for other training programs on a more localized level.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

One of the advisory council members felt that the state conference had been most successful in achieving its overall objectives. He felt, however, that some regional conferences had been more successful than others.

Another person felt that the success of reaching the objectives could be attributed to the cooperation of the participants selected and the administrative abilities of the director. The teams trained were highly motivated. However, much of this motivation can be attributed to the ego involvement and status of individuals making up the teams.

There was general agreement among the medical professionals as well as other professional groups represented. Of course, the humanistic approach to the overall program, the utilization of group dynamic techniques, the opportunities for one-to-one interaction certainly contributed to the attitude of cooperation which all the participants had.

The trainers were obliged to expend a great amount of effort in order to develop a statewide philosophy because the trainees' egos were strongly involved. Internalizing this commitment within each individual was not easily achieved. The important fact is that it was.

Finally, it was felt that the objective of providing a model for action, one which would have built-in flexibility, cannot really be measured.

> ...We did the best we could do in trying to provide support, resources, etc., for regional teams. However, I think if more released time had been available, the effects would have been more far-reaching...

One of the trainers also felt that the youth who had been invited to participate should have been given a better idea of their role in the training.

> ...Sometimes the discussions were a bit over their heads. However, their effect in the training should be in no way minimized. They were a most important component, if not the most effective component.
>
> You know, I feel myself being critical of the program and that is because I am so involved and committed to it. I truly feel that its overall impact is immeasurable. These people have really made a dent not only in our educational system, but also within many professions and communities throughout the state.
>
> I don't waste my time constructively criticizing anything that isn't worth the effort. That is! The multiplier process is in fact multiplying!...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p.

University Personnel:

> ...Because the team handpicked the trainees, we were able to arrive at a common philosophy, that is, that drugs are merely a symptom of a problem. This

in itself was a major accomplishment, to get a group of such high-powered individuals to agree on one such basic thing.

Although each trainee arrived at the workshop with his own expertise, most of us left with much more. The trainers were extremely capable and themselves approached the entire conference with such a warm feeling towards each other, yet maintaining their individuality. They were so motivated to do something for kids, for society.

We functioned in teams, that is, people from the same area of the state worked together to design a program to direct within our own regions. This task-orientated team functioning was facilitated through our common commitment to together identify and try to alleviate a growing social problem.

I felt very positive about the workshop. I feel positive about what I am doing now. It's been an overwhelming experience for me.

I had never before worked on a team that was so cooperative. We are really working cooperatively toward similar goals with respect for our differences.

There is definitely an urgent need for this open view of the drug scene. Society must begin to realize the multifaceted nature of the 'problem' before we can deal with it effectively.

The 'unstructured' structure of the conference, which was made up mostly of team work or small group discussions, provided a viable model for the regional conference. Without this experience, I would have never thought to use such a design on the regional level.

Much cognitive information about drugs was presented. For some, this may have been helpful, but for others, it was repetitive due to the nature of their involvement prior to this conference...

University Personnel:

...They wanted us to arrive at an acceptable common approach to the entire issue of drugs. In order to design the regional training sessions, we had to function in teams to decide on our training objectives.

The trainers wanted us to develop communication skills which we would need to organize the regional programs. We still need more skills in this area.

The sociological aspect of drugs, that is, the involvement of minority groups, was not as widespread as I would have liked. We needed further training in the value identification for these groups. It is important that these considerations be studied in any program that is so widespread and intense.

We have a hell of a long way to go yet. We have just scratched the problem. We have found that we are successful in some approaches to the problem, but we have a long way to go.

At no time did the state team force the direction of the conference. They provided the model needed by the trainees - they trusted our expertise.

The training and what happened encouraged me to follow the approach. The frustration I felt was internal. It's been a long arduous row to hoe, but I'm in it to stay. That is, until we reach our end...

Student:

...The mixture of students, educators and community people was good. Almost everytime a problem comes up, we find ourselves blaming the structure of our school districts. This is not fair. The schools are not totally responsible. The entire community is.

This training taught me to look at the problems in our own area. Then we could define them. We should then go back to our own community and do something about it - train others.

This training made me more aware of what things to look for, whom to contact, and how to start a program.

We had to work at this ourselves in a team. This helped us to analyze our own needs. We had to do this in order to plan the workshop.

I learned that other youths from different areas of the state felt the same way I feel.

Our team was anxious to get something done in our community. At least the youth felt this more than the adults did. We wanted help to get to the community in the least time possible.

If we really put the effort into it, the teams could really get something going in the communities. This gave me a lot of hope for the future.

In the group dynamics sessions, the exchange of ideas was great. Many expert people were there. We argued, discussed, described what we really wanted to find out. We told them what we wanted to get out of it, and we had to work at getting it.

This training has changed my attitude towards a lot of things. It has made me want to tackle the problem of drugs with stronger emphasis - with more power. I want to go out and get it done. I had many growing experiences. It also taught me how to deal with myself and others. That's a lot, I think... Besides that, we helped tons of other people too. At least that's what they tell us...

School Administrator:

...In the training, the trainers let the groups decide on an organizational strategy which they would put into operation in training the regional teams. They let the groups--teams--work through this painful process. We had to set out our own plans and objectives to implement when we went back. Because of this structure, the group jelled. We knew where we wanted to go, but not how to get there.

The input did not come on group process techniques until after the group had jelled.

As a regional team, we should get together with the state director for a day or two in order to follow up on this. We definitely need more training in group dynamic techniques and organizational skills that we can then teach people to use on the regional, subregional and local levels.

This program has had a substantial impact in this state when you consider its size and the problem we are attempting to deal with.

> I personally have experienced as much frustration as satisfaction. However, the people I have met and grown to deeply respect certainly make up for the other. The kids have been just great...

Due to the flexibility of the state conference, the state leadership team members designed programs to fit the needs within their own region. This then allows for various designs to be implemented on the regional level (Level II). Consequently, three of the six program descriptions on Level II will be discussed here.

LEVEL II - REGIONAL TRAINING CONFERENCE

Program Description

Trainers: Trainees of State Training Session.

Duration of Training:

Ranged from three to six days, varied according to program design formulated by the team.

Participants:

Students	25%
Educators	50%
Community	25%

Selection Criteria:

Participants were chosen in teams from subregional districts. These teams were comprised of students, educators, and community people.

Each trainer team identified participants from the same geographic areas to facilitate the multiplication of the team approach to training. People cognizant of the objectives and interested in continued involvement in the program were selected to participate.

Objectives:

1) To train teams to in turn train subregional level teams.
2) To present factual information about drugs from all disciplines.
3) To provide time for the teams to arrive at their own training objectives, goals, as well as projected date and duration of training.
4) To help the trainees learn how to deal with values and attitudes.
5) To train the teams in methods of evaluative techniques.
6) To give the trainees the techniques they would need in the community in terms of skills to handle organizing an effective workshop working with other agencies as resources.

Methods Used:

1) Lectures
2) Group dynamics skills: simulations, games, communication skills
3) Learning centers - interest groups
4) Resource materials

Resource Personnel:

Resource persons were guest speakers, who presented factual information on the pharmacological physiological and legal aspects of the drug problem. In addition, team members served as lecturers and/or process consultants as well as group leaders.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

School Administrator:

> ...The people who came to the training session jelled into teams. This was facilitated by the structure of the program design.
>
> The structure of the training session was flexible. This allowed the participants to choose how to accomplish what they felt they could do best.
>
> Through the gaming and the simulations, we forced the participants to formulate their values. We let them evaluate, and they set their own style of interaction.
>
> The next training session should be six days in a row. It should also be away from the city. It would have been better had we involved more youth. We also need a greater cross section of the population involved in the training, i.e., minority groups and community nonprofessionals.
>
> We should have had better defined selection criteria for the participants, and we could have had more support from the higher-ups.
>
> There is need for the involvement of people who have greater decision-making roles in this program than our team members have...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 10)

Teacher:

...The success of the training varied with the sensitivity of the people present. Some participants just weren't open enough. However, it went a long way with everyone. The effect of this training can only go as far as the individual lets it.

We needed new ideas. This provided us with some. All of the participants who attended were enthusiastic. However, a lot depends on the receptivity of the local community.

When we say that we are providing 'a model for interaction in the community,' we must only implement this when it is needed. We need to have a greater sensitivity and knowledge of our own community needs, and the program, as well as the problem, must be given priority by the total community if it is to be effective.

This program increased my desire to work with the group of students involved with the drug scene. This training gave credibility to the importance of working with the community as well as students in this kind of project.

I learned that, when working with groups, communication skills are essential to develop more effective communication between all types of people. It is quite a job to get people to relate the way we did.

I learned about the whole organizational plan for the state. I found out that all districts are being reached in this manner. They have built-in a concept of cooperation and competition. When they have the follow-up meetings, the teams will have pride in what they have done. They will be proud of each other's accomplishments as well, and ego status needs must be built into the program.

I thought the trainers did an excellent job. I was really happy to be able to be part of it all...

Community Professional:

...They tried to give us a picture of the state framework of the drug education program. This included how it got through the county office to the district level.

We learned value clarification techniques. These would enable us to be able to identify differences in our own values. Through these techniques, we are developing professional relationships with other educators, community people and students.

We have been able to learn more viable ways of communicating with youth. This is so very important and much needed.

There should be a greater representation of minority groups in the training program, both adults and youth. There should also be more time spent on juvenile court actions and on the rights of minors.

I learned a lot of factual information about drugs. The speakers were very good. It's just too bad there isn't more time and support for programs like this that help everyone out. I know everyone on our team really got a lot out of it...

Student:

...I thought the trainers were successful in achieving their objectives. They had a lot of background knowledge on drugs and knew techniques of how to go about teaching it.

I learned the necessary communication skills. I also learned that people have different backgrounds, and are really different, yet in a way have a lot in common.

I also learned about the drug subculture in the session on sociological areas and impacts of drug use.

The most successful training methods were the audiovisuals and the group dynamics, and communications sessions. Also successful were the small and large discussion groups. Least successful were the lectures, which were not really effective. I can't stand just listening to some guy talk.

> Since this training, I have found myself more accepting, both of teachers and other people. I am much more broadminded. I also made a lot of great friends...

LEVEL II - REGIONAL TRAINING CONFERENCE

Program Description

Trainers: State Leadership Team trained at State Conference.

Duration of Training: Three-day live-in training session.

Participants:

Students	20%
Educators	60%
Community	20%

Selection Criteria:

Participants were to be chosen in teams from school districts. These teams were to have representatives of the following categories: students, educators, and community people. The number of team members should be representative of the percentages given above. Responsibility for the final selection of participants was delegated to the district administrators.

Objectives:

1) To give the participants an increased awareness of the drug scene.

2) To give the participants factual information about drugs from a multidisciplinary approach.
3) To train the participants in communication skills.
4) To help the participants define local drug problems.
5) To help the teams develop and implement a program design to direct on the subregional level.
6) To provide the participants with resource materials for evaluation, e.g., books, pamphlets, films, etc.
7) To train the trainees to function as a team.

Methods Used:

1) Lectures
2) Group dynamics
3) Encounter sessions
4) Minilearning sessions
5) Group discussions
6) Resource individuals
7) Resource materials, e.g., books, pamphlets, etc.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

...One trainer felt that the team had been very successful in achieving most of their objectives. He felt this was due to the rather diverse group of individuals attending the training session.

It was also felt that in most cases there had been a modification of the individual's attitudes. All the trainees went away with a feeling of enthusiasm and commitment.

Another trainer said that, from the feedback received following training session, it was determined that the team was most successful in achieving their objectives. The lectures were the least effective method. I guess when you ask people what works or doesn't, you have to accept their answer. Kids have been telling us that for years.

We should have extended the training period by one day. More time should have been spent on developing communication skills. This seemed to be the greatest need of the participants. The kids were really great. Everyone was, I guess. For some reason the students seemed to really try to get to the teachers more than the teachers tried to get to them...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 10)

Community Professional:

...I became involved in the program because of my interest in the problems associated with drugs. I have also had an interest in the people involved with these drug problems. I'm a people person.

The training was successful because of the people who participated in it. This was also due to the selection criteria. It's important that people aren't forced to participate but want to. The trainers, too, were well-prepared as well as well-organized.

This training should not be called drug education; it should be called drug use education. This would give more emphasis to its real purpose.

More students should have been involved in the training. The students need this for their own reinforcement.

There is finally a recognition at the planning level that in order to have the top level people participate for any length of time, attention has to be given to creature needs - how they will live.

Apparently at the planning level, there needs to be a financial compensation and attention to creature needs and comforts. Times are gone when people have enough time to devote sufficient energy to all that deserves attention.

They gave each professional participant $50.00 per day for participation. This was a honorarium plus per diem. I believe it was done to attract qualified, interested professionals.

The success of the program depended on the combination of all the methods used and they were effective.

This training brought me into contact with others in related or similar fields. This, I feel, is important to know. What is needed is more careful interaction of the student trainees prior to the program. The students should have had more indoctrination into the process of the training.

In order to maintain the interest and cooperation of the competent people, there must be dollar resources for adequate planning. Those who take leadership positions were well used for and by the trainers. They were resource people and leaders.

The most important people for us to train are those in contact with young people. We need similar programs in the whole range of community and school health education curriculum areas, including interpersonal relationships, emotional health, etc.,...

LEVEL II - REGIONAL TRAINING CONFERENCE

Program Description

Trainers: Team trained at State Training Session.

Duration of Training: Four-day training session.

Participants: Teams each consisting of;

Students	25%
Educators	50%
Community	25%

Selection Criteria:

Participants were chosen in teams to represent various school districts within the region. These representatives were students, educators, and community people. Team members were required to have demonstrated an interest in, and commitment to, the program as well as an interest in actively participating in local community programs in the future. Final selections of potential trainees were made by local school administrators.

Objectives:

1) To train the participants in teams to function as subregional trainers.
2) To learn of and define drug-related problems in districts from which the participants had come.
3) To provide the trainees with alternative strategies to approach the problems in their respective districts.
4) To train the participants to use resources within their local communities to train subregional teams.

Methods Used:

1) Lectures
2) Mini-learning sessions
3) Resource speakers
4) Small group sessions
5) Large group sessions

Resource Personnel:

Resource consultants were identified from the local, regional and state levels. These professionals lectured in their fields of expertise. This included the physiological, sociological, psychological, medical, and legal aspects of drugs. Ex-addicts presented panel discussions and were available for interaction in small group sessions.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

Student:

> ...My role as trainer was to lecture, to work in group discussions and mini-sessions, as well as to be in charge of the youth who attended the training.
>
> We were successful in getting the teams together, but we were not able to help them to realize what the whole thing was about. We didn't have enough time to get them together like we wanted. We spent too much time fooling around.
>
> The training was not well organized. We had good facts, but we did not have them organized. The participants were not sure what they were there for. We learned as much as they did in the training sessions. The next time around it will be much better...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 10)

School Administrator:

> ...They wanted us to go back to our communities to do training. This objective was totally up to the individual as far as the success of the program was concerned.

The training in communication skills really turned me off. This was just ridiculous stuff. There was no need for it. Most of us, in fact, all adults relate as much as we can. We can't be taught or forced. I learned nothing. They taught us what not to do. The mixture of methods used was very good. This is how you learn to plan and organize. The communication games were totally useless.

For any future programs, they should change the process of the training. They should cut out all the communication nonsense...

University Personnel:

...This training was very good as far as the professionals were concerned. The students were almost openly antagonistic until they became comfortable about the training process which was taking place.

There should be more community individuals, more concerned citizens, and more youth involved in the training. Educators already have a greater responsibility to do this training well.

The clash between the team members and the competition for control of the training session was evident. The clash of the team members caused a watering down of the whole program. One team member wanted to call all the shots. On the whole, this wasn't all a bad thing because it is a real problem in any team effort.

Through this training, they wanted to give us a perspective on what the drug problem was all about. They wanted to discuss the role that the schools should play in the training program. They wanted to give us resource contacts with generally concerned people. They wanted to teach us the communication skills and organizational techniques to be able to work with people and identify resources in our local communities. These purposes were generally realized. However, we were too pressed for time. We talked about a lot of things, but didn't get in-depth training in anything.

For me, personally, the training gave me absoutely nothing. I could have done a better job than the film did. I thought I was going to Fresno as a resource person. This was the fault of one of the team members.

I felt that the trainers should have used their internal program resources to a greater extent. They claim that they are pushing the affective domain. But they are not really showing anyone how to do this.

Selection criteria must be established...

LEVEL III - SUBREGIONAL TRAINING CONFERENCE

Program Description

Trainers: Team trained at the Regional Training Session.

Duration of Training: Two-day training session.

Participants: Teams each consisting of;

Youth	1/3
Educators	1/3
Community	1/3

Selection Criteria:

Participants were to be chosen from local school districts. They were to be chosen in teams. Each team was to consist of students, educators, and community people. The individuals would be informed that, at the end of their training, they would be expected to go back to their local communities to plan a program design for their area.

Objectives:

1) To expose the participants to resource materials containing factual information about drugs, e.g., books, pamphlets, films, etc.
2) To train the participants in communication techniques.

3) To give the participants training in identification of and clarification of values.

4) To train the participants in the decision-making processes.

Methods Used:

1) Pretest
2) Demonstration of problem-solving techniques
3) Audiovisual materials
4) Teaching techniques - using process methodology
5) Films
6) Youth panel
7) Discussions

Resource Personnel:

Resources were identified within the community and consisted in part of support and involvement of community agencies. These agencies provided financial resources for the program. In addition, speakers qualified in many areas of expertise were identified on the local level. These included, psychologists, law enforcement officials, social workers, and hospital officials.

Many of the audiovisual materials had been developed within the community.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

One team member felt that the team had just begun to train people in their community, and they could not really evaluate their effect at this time. The program design included an on-going process.

He felt that an important facet of the training program which they had undertaken was to give the participants alternatives for action. He felt that the trainers had to look at the degree of sophistication of their team as well as groups they would be working with.

Another strong point of the training, he felt, was the audiovisual materials which had been developed within the community and were relevant to the drug issue. These, he felt, had been developed with an in-depth understanding of community differences, and were, therefore, very important in the training.

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 10)

Community (parent):

> ...On the youth panel, the kids themselves felt that drug education and communication with children has to begin very early. This operates on the same principle as safety in the home. Their comments were most valuable and enlightening to me.
>
> As far as I am concerned, there is a great deal in personal communication. Some people do not have or can't have sensitivity. They are not sensitive. I was. But then, I can't tell about everyone else.

I didn't learn anything in particular about drugs. I feel that there is a great need for drug education starting down in the elementary school.

Communication is so important. There really is a generation gap. We must try to overcome it. When the gap exists, communication is just blocked. This is so unfortunate.

I feel this is something that must be implemented right away. We need a positive drug education program in the elementary schools, secondary schools, the whole community...

Community (parent):

...This is the greatest thing that ever happened to us. What they did for us as a city was extremely successful. I don't know how other communities will respond. We have done an awful lot. But, I have no idea what everyone else is doing.

Through this training, we got to see a whole picture of how different communities are going in different directions. We were given this insight so that we could take the best of each program and draw up one for ourselves.

I didn't expect to be so pleased with it. I am upset to know how little was coordinated in this county. There is a great duplication of effort.

In the training, we could have used more students. The junior high students are more frank than the high school students. They are more down to earth and honest. They have less of a tendency to hide. The sophistication of the high school student overshadows his honesty.

All and all, it was really something I want to see happen again and again so everyone can take part...

Student:

...This training was quite good. It helped me realize how I really feel about the whole problem. It was a perfect miracle. I could hardly believe how we communicated. Everyone was really open.

It would have been better had there been more parents in the training. Parents should get involved. Some didn't realize or understand the role they play and how much they are needed by kids.

I don't know how successful the training was, because I haven't seen anyone since then. I don't know what they will do. I know I'm going to do something.

I learned that a lot more people care about the drug problem than I thought. Many people are really good and very concerned.

Most of the information about drugs I already knew. However, the training reminded me of these things I already knew...

LEVEL III - SUBREGIONAL TRAINING CONFERENCE

Program Description

Trainers: Team trained at Regional Training Session.

Duration of Training: Four-day training session, divided into two, two-day training sessions.

Participants:

Students	37.5%
Educators	25%
Community	37.5%

Selection Criteria:

Participants were selected for training from the local school districts. The participants were selected in teams composed of students, educational and community people. These participants were selected for the training, with the understanding that they would return, after the training, to implement a local program for their respective districts.

Objectives:

1) To give the participants factual information on drugs from a multidisciplinary perspective.
2) To give the participants an awareness of the scope of the drug problem.
3) To provide the participants with the necessary skills to go back and assess the scope of the problem in their local districts.
4) To help the participants to work out a solution to the drug scene within their local community.
5) To have the participants in the training make contracts stating specifically what they would do in their local communities between the dates of the training and 1972.

Methods Used:

1) Lectures
2) Group discussions
3) Communication skills
4) Team building
5) Mini-learning sessions

Resource Personnel:

Consultants were brought in to discuss related content material, e.g., doctors, police, and drug users.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 10)

School Administrator:

...I feel that we did a good job in the overall program when all the constraints working against us are taken into consideration. We had our regular jobs to be responsible to as well as this program.

The participants appeared to be very pleased about what we exposed them to and the information we gave them. We stressed the importance of each trainee doing something to get involved in being part of the solution. We asked each to make this contract with the group.

It is difficult to really measure the effect of the training when you consider it just took place a few weeks ago. However, we are planning a follow-up session in a week or so...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 10)

Teacher:

...I learned a lot about drugs and drug problems, but more than that, I learned about materials available to me in this school district. I wasn't aware of all the experts right from around here.

Some of the other adults didn't feel that it was necessary to have the students participating in the program, but I thought this was the best part of it. Some of the kids had an awful lot to say that would not have been said if they weren't there.

We are now trying to plan a program here in our school. We haven't gotten that far along yet. We started planning it at the training session we went to, but there are still a lot of problems to work out.

It is too bad that we don't have more programs like this one on other social problems. Maybe after that, we could begin to work on minority group interaction. So much could and should be done. Maybe this is the beginning...

CALIFORNIA

THE FLOW OF PURPOSES AMONG LEVELS

Level I	Level II	Level III
1) To provide the teams with an understanding of the philosophy underlying the state training program.		
2) To bring about a change of attitude in the participants on related drug issues through a cross section of opinions presented by experts from various disciplines.	4) To help the trainees learn how to deal with values and attitudes	3) To give the participants training in identification of, and clarification of values.
3) To enhance communication skills which would facilitate the realization of program goals.		2) To train the participants in communication techniques.
4) To strengthen the participants' commitment to the statewide program design.	1) To train teams to in turn train subregional level teams.	

CALIFORNIA

THE FLOW OF PURPOSES AMONG LEVELS (continued)

Level I	Level II	Level III
5) To enable the participants to design the regional conference they would direct.		
6) To provide the participants with resource materials for regional, subregional and local level training sessions.	3) To provide time for the team to arrive at their own training objectives, goals, as well as projected date and duration of training.	
7) To dispel myths about drugs through the dissemination of factual information from a multidisciplinary perspective.	2) To present factual information about drugs from all disciplines.	1) To expose the participants to resource materials containing factual information about drugs, e.g., books, pamphlets, films, etc.

CALIFORNIA

THE FLOW OF PURPOSE AMONG LEVELS (continued)

Level I	Level II	Level III
8) To provide the participants with an awareness and sensitivity to the need for consistancy in the multidisciplinary approach to drug education on all levels of training.	6) To give the trainees the techniques they would need in the community in terms of skills to handle organizing an effective workshop working with other agencies as resources.	
	5) To train the teams in methods of evaluative techniques.	
		4) To train the participants in the decision-making process.

OBSERVATIONS OF INTERVIEWER

The beginning of the California in-depth study occurred in San Diego where a feedback conference was in process. Consequently, many regional trainers as well as subregional trainers were interviewed there, thus omitting the necessity of traveling all over the state to locate them. The trainers had the opportunity to share their objectives, philosophy, methodology of training, etc., in a relaxed environment.

Following these interviews, schedules were set up within various regions to be visited. This opportunity to make arrangements in one place eliminated many time schedule problems so that a greater number of people were interviewed than would otherwise have been possible.

The most frequently voiced need of the subjects interviewed was further training in the areas of group process techniques as well as organizational development skills. The necessity for the development of these skills was not given as much attention on Level II training sessions.

The team concept was utilized at all levels of training. That is, individuals were not trained to function independently of each other but a cross sectional multidisciplinary approach to team functioning was stressed. Teachers, administrators, community professionals, students, and educational support personnel were all participants in the training of teams and designed their subsequent training sessions on other levels through sharing responsibilities, expertise, status, and overall implementation of their defined objectives. This team approach was a definite component which contributed to the effectiveness of the overall widespread positive effects of the state program.

It is also important to mention the defined selection criteria stressed for all participants. Individuals were not arbitraily selected on the first two levels of training. Each participant or trainee on Levels I and II was interviewed prior to their participation in the conferences. This control of potential trainees diminished on the subregional level, for, in those cases, the local school district superintendents designated the responsibility to principals and the selection for teachers, students, and community people was a localized responsibility. Oftentimes, trainees were selected who were appointed to attend rather than those who had a desire to attend. This is understandable. However, it obviously affected the long-range activities of individuals trained in this manner.

One outcome may be that the team building concept itself fell apart somewhat on the subregional level. This may be due to the fact that the selection process was not stringent or that the trainees were not sufficiently trained to train others in this area. Consequently, individuals sought to fullfil their own purposes rather than those of the program.

The feeling of togetherness in terms of achieving a mutually agreed upon objective was easily identified in the subjects interviewed. There was definitely an attitude expressed that indicated that individuals felt as though they were a part of a whole, a whole which they understood, had a stake in, and wanted to see grow.

THE MULTIPLIER PROCESS IN THE STATE OF COLORADO

Dates of Interview Visits:
April 26,27,28,29,30, 1971

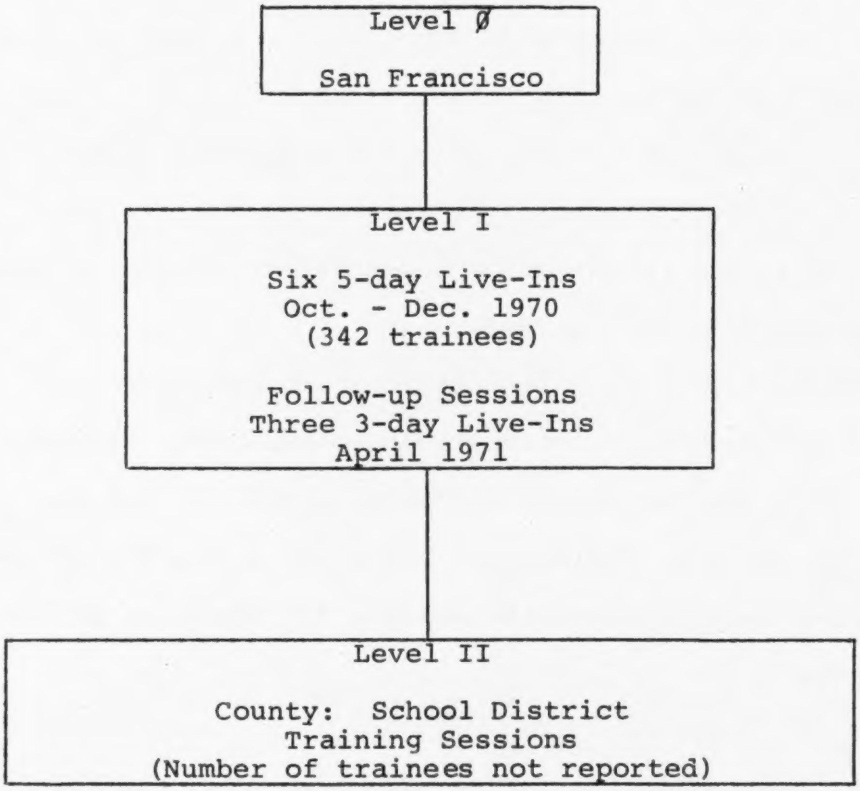
DESCRIPTION OF COLORADO PROGRAM DESIGN MAP

The individuals sent to the San Francisco National Training Center were the trainers of the Level I, state training sessions. These trainees were trained in teams to return to their respective counties and school districts to conduct similar training sessions which are described as Level II school district training. As reported in the context of the anecdotal data, the format for the training sessions that the teams' members elected to implement varied from one community to another.

The follow-up training sessions, directed by the trainers of the Level I state training sessions, provided further training for school district, Level II, trainer teams. It was also designed to allow for a sharing of implemented alternative program designs for training on the local level.

COLORADO

PROGRAM DESIGN MAP



Level 0

San Francisco

Level I

Six 5-day Live-Ins
Oct. - Dec. 1970
(342 trainees)

Follow-up Sessions
Three 3-day Live-Ins
April 1971

Level II

County: School District
Training Sessions
(Number of trainees not reported)

RELATIONSHIPS OF SUBJECTS INTERVIEWED
COLORADO

*Before title indicates subject served as trainee.

*After title indicates subject served as trainer for next level.

LEVEL Ø

State Team member
State Team (director)
State Team member
State Team member

LEVEL I

State Training Sessions

Community Professional
(police)
Community Professional
(nurse)
Guidance Counselor
Student
Teacher*
Teacher
Community Professional
(nurse)
Student
*Student
*Student
Guidance Counselor
Community Professional
(doctor)
School Administrator

LEVEL II

County School District Training Sessions

*Teacher
*Student
Student*
Teacher*
*Teacher
Community Professional
(social worker)
Student
Teacher

(Subsequent unreported training session)

PROGRAM PREPARATION

The State Department of Education selected six (6) individuals to be trained at the San Francisco National Training Center. This six-member team, comprised of State Department of Education personnel (director), a youth representative, and personnel from the State Department of Public Health, planned the drug education program for the state of Colorado.

After participating in the one month live-in institute, they returned to Colorado to begin to implement the program they had designed. Two of the six-man team left the program for various reasons. In order to expand the team, the State Department of Education identified three other people who were willing and qualified to serve as team members.

This newly formed state team, comprised of seven individuals sharing a common philosophy and commitment to the program, assisted in directing six 5-day live-in state level training sessions for county and local school district personnel. A total of 137 teams were trained at these six state training sessions in Gramby, Colorado and 3-day live-in follow-up sessions for some of these teams have taken place. Other follow-up sessions are yet to be scheduled.

The members of the state team represent the State Department of Education and the State Department of Public Health. The Department of Public Health made the contacts necessary for selecting representatives from community social service agencies for each team within county and local school districts. The combined efforts of these two agencies have proven to be most helpful to the local districts as well as being effective at the state level.

LEVEL I - STATE TRAINING SESSION

Program Description

Trainers: Trained at San Francisco National Training Center

Duration of Training: six 5-day live-in training sessions

Participants:

Students	30%
Teachers	31%
Community	39%

Selection Criteria:

The director of the state drug education program sent local school administrators informational materials containing the objectives of the training and the categories of potential trainees, as well as the selection criteria specifications. Thus, these administrators were able to identify students and teachers who were to attend the state training sessions. The State Department of Public Health sent informational letters to the local directors of public health services. They were asked to select trainees to represent the community. Consequently, school districts and counties sent teams which were composed of students, teachers, school administrators, and community representatives.

Objectives:

1) To affect attitudes and understandings relative to drug users and abusers.
2) To provide credible up-to-date information about drugs on the cognitive level.
3) To facilitate the development of teams to work in turn on the local level.
4) To provide training alternatives for activities within local communities.

Methods Used:

1) Pre-test and post-test
2) Lectures
3) Small group discussions
4) Group process techniques - communication skills
5) Films and resource materials

Resource Personnel:

A resource consultant from Colorado State University was contracted to develop the pre-test, post-test instruments and to conduct the analysis of this data. State team members presented lectures and ran group discussions in their fields of expertise. A guest lecturer or consultant was also hired to speak on the hippie scene in San Francisco.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 49)

The director of the state team thought that the team was quite successful in reaching its objectives. The area in which the team may have fallen short of reaching its expectations was in the cognitive aspects of drug education factual information. No one had hired doctors, lawyers, sociologists, or psychologists to present lectures in these disciplines. Instead of this method of presentation, a library of audio-visuals, books, pamphlets, etc., were available to the participants to read and share during the one-week workshops. However, some of the team members felt that the participants might have learned more cognitive information if resource people representing the various disciplines had been available during the workshops.

The objective that the team felt they were most successful in achieving was that "of changing attitudes and understandings relative to drugs, users, and abusers." This success was attributed to the methods used and the time spent in dealing with this area.

> ...The trainees were given time to function in small groups, to work out problems they may have in relating to one another, to grow to understand each other. We also provided them with the opportunity to become involved with people who are usually stereotyped--drug users, drug abusers, i.e., individuals who represent various sterotypes were real, willing to interact, and work out whatever problems the trainees may have had in relating to them up to this point...

Community Professional:

...I was invited to attend the workshop by our school district drug education coordinator. I was very interested in learning more about drugs and how I can help kids who use drugs.

I learned that in order to learn about drugs, it is important to talk with and listen to the problems of youth. Anyone can help in working with this issue if they are willing to understand what the kids are thinking about. It doesn't make any difference what profession one is in or whether or not they are working with kids. We are all part of the problem.

Most of the time we worked in groups with the state team members working as group leaders. They are the ones that got us to discuss the issues that have to be worked through before people can work together as a team. For a group of people to become a team, you really have to understand individual differences and know why you are working together. Our team is just great. I've really gotten to love each one of them for what they are...

Community Professional: (policeman)

...It was a really great experience to work together with teachers, students, nurses, social workers, counselors, and school administrators. To get all those people working together is quite an accomplishment.

The primary purpose of the workshop was to change attitudes as they relate to the drug issue. I think that the state team was as successful as can be expected in achieving this objective for there is so much involved. It just can't be accomplished through one week of discussions. As I've tried to explain to my own team, I am just a policeman. I am not the whole police force in our county or the whole police force in the state. Sometimes people expect to change entire institutions at once and that isn't realistic.

Another objective of the state team was to teach the participants the difference between drug use and drug abuse. This is real important, for there is such a thing as the use of drugs for good reasons. But I don't really know if as a policeman I can say that illegal drug use is good. There are so many ways to look at this issue and the nature of my profession forces me to oftentimes see it in terms of the law. My job is to enforce the law.

I would like very much to see more workshops like this one. They are badly needed in our community. More groups of people, made up of all professions like ours was, should get together to work this issue out for themselves. It's not an easy job, but it really pays off in the end...

Guidance Counselor:

...I participated in the workshop at Gramby (directed by the state team) because I was interested in the topic and wanted to learn more about drugs. I was very pleased about being invited by our drug coordinator.

It was great having students, teachers, and community people working so closely together trying to solve a common problem. I wish we had had more guidance counselors there because this is really the type of training people in my profession need.

What I learned at the State Training Session has not only helped me relate to kids who are using drugs, but also to kids in general. Sometimes it is very easy not to get involved with those people we are really supposed to be helping. I think that a wall was beginning to be built up between me and some of the kids. I don't feel that it is there any more.

I also began to see the whole drug problem in a different light. I had really looked at drugs as a tool the youth used to rebel against the establishment. But I certainly became more aware of how encompassing the whole problem is. Drugs are really a built-in coping mechanism for most of the people in our culture. Youth, adults, parents, professional and non-professionals in our society--all have their drugs and use them for pretty much the same reasons.

Being aware of this, understanding it, certainly has made a difference in the way I look at kids who are dealing with drugs. They aren't as unique as I thought. They are just people with problems, that is, if they want to look at the use of illegal drugs as a problem. This is really up to them. I used to think it was up to me to tell them that. If this is all I learned during the whole week it was well worth it.

That again is what was so great about the workshop. Everyone got something different from the experience. We were all able to get what we needed...

Student:

...When I first arrived at the state training session, I wasn't too sure if I really wanted to be there and participate in the workshop. There were so many well educated older people there from every imaginable profession. I thought it was really going to be a drag.

But it wasn't. The group leaders were just great. They got us talking together in small groups, they gave us a few lectures, then let us deal with what they told us and how it relates to our own school and community.

I could hardly believe how many professional people there are who are supposed to teach us, work with us, help us and they don't understand the things that the youth are saying by the things they do--like taking drugs. I never realized how complicated the whole thing is.

I really feel badly for people, like some young teachers and policemen who feel pretty much like the youth do about a lot of things, but have no way to act out like we do. If they did, they might lose their jobs. This is really a hairy thing.

After the workshop, our team met a lot of times to try to get organized in our own community. We were told by the state team that before we tried to run workshops or anything like that in our own communities, we should look at the problem and how it affects our own. You know, every community is different.

We really haven't been able to get anything together yet, because we haven't had enough time or support. We just give talks at churches, in some of the high school classes, and stuff.

> I wish everyone could go to Gramby and get the same type of training we had. If this could happen, it would be much easier to get things started there...
>
> Teacher:
>
> ...The first few days of the workshop everyone was really confused. We didn't know what was happening, but after that, things really started to fall into place. People began to let down the walls blocking communication. Real interaction started to take place and this is when we really started to learn something.
>
> All the books, movies, articles, charts in the world would not have taught us what we learned from each other. I think a real sign of learning is to be able to relate to what you are trying to learn about. We were forced to relate to the kids, the people that we once thought were the problem. I learned that they are not the problem but merely kids doing something we don't understand. I am so afraid that these kids will get hurt by drugs. I was afraid of the whole issue. I'm not any more.
>
> If all teachers could learn what I learned, all students too, the concept of the traditional teacher could change. This is what is so badly needed if schools are to do what the books and college professors say that they do do. Maybe this can be the beginning of a change that is much needed...

LEVEL II - COUNTY AND SCHOOL DISTRICT TRAINING SESSIONS

Level II trainees of the state training sessions in Gramby, Colorado returned to their communities and first assessed local needs. Each team returned to its respective county and school district to begin to function as a team of trainers. Some teams found it necessary to expand their membership in order to achieve the objectives they set for themselves.

Much effort was put into training the participants to function as teams upon returning to their local districts. The point of assessing local problems was stressed, i.e., prior to developing a format for training on the local level, it is essential that team members be cognizant of all the factors affecting the community.

One state team member felt that one area which should have been given more attention on the state level was that of developing organizational development techniques.

> ...We gave team members directions, we told them what we wanted them to do upon returning to their communities, but what we did not do was teach them how to do it. It is a difficult, involved process but one which must be struggled through if we are seriously committed to the multiplier effect. We did as much as we thought we had to do in this area, but now we have learned that more needs to be done. We are trying to deal primarily with organizational development techniques and planning strategies in our 3-day follow-up sessions. The state team members are also trying to function as technical assistance resource people on the local level...

Another team member felt that support for local district teams must be provided if the program is to continue.

> ...We are geographically so distant from most of the local district teams. This state is a big state. With only two full-time personnel it is relatively impossible to establish a support network of communication...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 49)

A discussion of the activities by some of these teams will follow.

Program Description

Trainers:

Twelve trainees trained at state training session plus 18 other community professionals who are being trained to function as part of the team. (the expanded team concept.)

Duration of Training:

Ranged from 1½ hours to 20 hours.

Participants:

High school students, PTA organizations, social service agency staffs, (Teach In-Service Training Sessions.)

Selection Criteria:

Any group of individuals (students to professionals) who feel that they want to learn something about the drug scene in our community and are committed to do their part in volunteer work.

Objectives:

1) to teach factual information about drugs
2) to learn about how drugs affect this community
3) to become aware of the opinions, feelings, attitudes, of other people within the community

4) to familiarize people with drug-related groups already functioning within the community and to learn a role they can play in working with those already structured organizations.

Methods Used:

1) Small Group Discussion
2) Lectures
3) Role playing
4) Resource materials

Resource Personnel:

Trained knowledgeable people within some communities were identified to give lectures, to work with groups of youth and adults, to train students to run a hot line, to train counselors to rap with drup users and kids trying to get off drugs. All available resources were identified and utilized as soon as possible.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 49)

Community Member:

> ...Our team has grown considerably since the state training session. We have lost some members; yet, we have expanded the team considerably. The team itself is in need of future training in the areas of organizational development techniques. We have identified many people who are willing to help us out, but we aren't organized enough or have the time to work together to

organize in a more structured manner. Sometimes it seems like we are pulling from each other or maybe competing against each other.

Through the use of financial resources which we have gathered, we have managed to have a 24-hour crisis line established. Community professionals, nonprofessionals, and students have been trained by our expanded team to man the hot lines.

We also have a community drop-in center for youth. People volunteer their time to be in the community center for so many hours per week. We have set up a schedule which team members volunteer their time to follow. These volunteers function as counselors.

Some team members have also lectured at PTA's, elementary and secondary in-service training sessions for teachers; and presentations by our youth team have been made in some elementary and junior high classes.

At the high school a rap room has been directed by students for students...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 49)

Student:

...At the high school, the rap room has worked out quite well. Some of the teachers, and also some school administrators have been very much in favor of what we have been doing. Naturally, we have had a lot of hassles and problems with other teachers and especially the guidance counselors. They just don't know what to make of us, the kids that come to the rap room, and what we are doing in general.

We made some mistakes, we cut off a lot of straight kids who too need help. But, we are learning from our mistakes and now we are trying to correct them.

I think this program has really been great. It has taken just hours and hours of our time, but it's worth it...

Community Professional: (welfare social worker)

...This is the first time I've really seen interagency cooperation in this county. It was just so refreshing to see teachers, students, parents, and community people working together who are all concerned about the same problem. This is something I read about as being the best way to deal with a problem but the first time I've really seen it done.

I havn't learned that much about drugs themselves. I still have a lot more to learn but now I know that there is much I can do. We are going to have more meetings for small groups of interested people. I'll go to these meetings when they get started...

LEVEL II - COUNTY AND SCHOOL DISTRICT TRAINING SESSIONS

Program Description

Trainers: Four State Team Members.

Duration of Training: Four hours.

Participants: Teachers

Selection Criteria: All teachers within the school.

Objectives:

1) To give the teachers an awareness of the drug problem within their own county.
2) To give the trainees an awareness of the reality of the problem.
3) To give the trainess an understanding of what was happening in the county.
4) To give the trainees drug information concerning resources available to them.

Methods Used:

1) Lectures

2) Discussion groups

Resource Personnel:

Information was provided on where materials could be obtained. Consultants were provided, including the county educators, who lectured in their areas of expertise.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

I was unable to obtain an interview with the team member who conducted the training session.

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 49)

Teacher:

> ...I participated in a teacher's in-service training session. It lasted about 3½ hours to 4 hours. It was really quite good I thought. Four people from the state team came down to work with some people from our county who were trained at Gramby.
>
> They tried to make the teachers aware of what is happening here in our own county. They told us who to go to for help if we had students who had problems with drugs. They really tried to make us aware of how serious the problem really is. They also told us that they would like us to try to teach our own students about drugs so that they would too realize the danger of becoming involved with drugs.

> One of the team members really stressed the importance of not making value judgments about drugs, that you can't look at the student using drugs as a good or a bad person, but just a person who might have a problem. One thing that really impressed me was that a thing is only a problem if the person looks at it as such. Some kids don't think that smoking marijuana is a problem and if they don't, then it isn't a problem to them. I guess you can't force anyone to think they have a problem if they don't think they do...

LEVEL II - COUNTY AND SCHOOL DISTRICT TRAINING SESSIONS

Program Description

Trainers: County Team Members.

Duration of Training: Two 50-minute sessions.

Participants: Students.

Selection Criteria: All students in the class.

Objectives:

1) To give the students basic information on drugs.
2) To change the students' attitude towards drugs.

Methods Used:

1) Lecture
2) Discussion

Resource Personnel: Resources and materials were provided by the school.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 49)

Student:

...In class one of my teachers told us about what he had learned when he took a course in drugs that was put on by the state. I really didn't learn that much. I've heard things on TV and read things that were much better than this.

It doesn't really matter to me if people, kids or adults use drugs. That is their own business. Their habits are their personal thing and my views on the subject are not going to change what they are going to do.

I think drug education is important. People have to know the facts, but I can't understand how my teacher thinks he can tell people what to do. That is, you can't convince someone not to use drugs if they have already decided that they will...

COLORADO

THE FLOW OF PURPOSES AMONG LEVELS

Level I	Level II	Level III
1) To affect attitudes and understanding relative to drug users and abusers.	2) To become aware of the opinions, feelings, attitudes of other people within the community.	3) To give the trainees an understanding of what was happening in the county.
2) To provide credible up-to-date information about drugs on the cognitive level.	1) To teach factual information about drugs.	1) To give teachers (students) an awareness of the drug program within their own county.
3) To facilitate the development of teams to, in turn, work on the local level.		
4) To provide training alternatives for activities within local communities.	4) To familiarize people with drug related groups already functioning within the community and learn a role they can play in working with those already structured organizations.	4) To give the trainees drug information concerning resources available to them.

COLORADO

THE FLOW OF PURPOSES AMONG LEVELS (continued)

Level I	Level II	Level III
	3) To become aware of the opinions, feelings, and attitudes of other people within the community.	3) To give the trainees an understanding of what was happening in the county.

OBSERVATIONS OF INTERVIEWER

Following the state training sessions in Gramby, Colorado, the trainees returned to their respective counties and school districts to assess local needs and then design training sessions for local community people. In many cases, these teams expanded to involve other community people in order to facilitate the development of the design for these training sessions.

It was observed that as teams expanded, the original cohesiveness of the team seemed to gradually dissipate. It would seem important that each team, formally trained to function as a unit, maintain the autonomy and unity the training was designed to accomplish. It is difficult to maintain team cohesiveness when the expanded team concept is utilized.

In some communities visited, the teams had not worked together to develop total community designs. Rather than this, team members returned to their professional institutions and attempted to organize training sessions on their own. Had they made use of the expertise and support of the total team, they might have been more successful in achieving their objectives.

Further training for all participants in the area of group dynamic techniques that could be used by teachers in the classroom as well as for community training sessions would have been most helpful. Organizational development skills for organizing community training and public involvement would have been a useful tool for the participants. These skills would have facilitated the achievement of the overall state program objectives.

THE MULTIPLIER PROCESS IN THE STATE OF DELAWARE

Dates of Interview Visits:
March 23, 24, 29, 30, 31

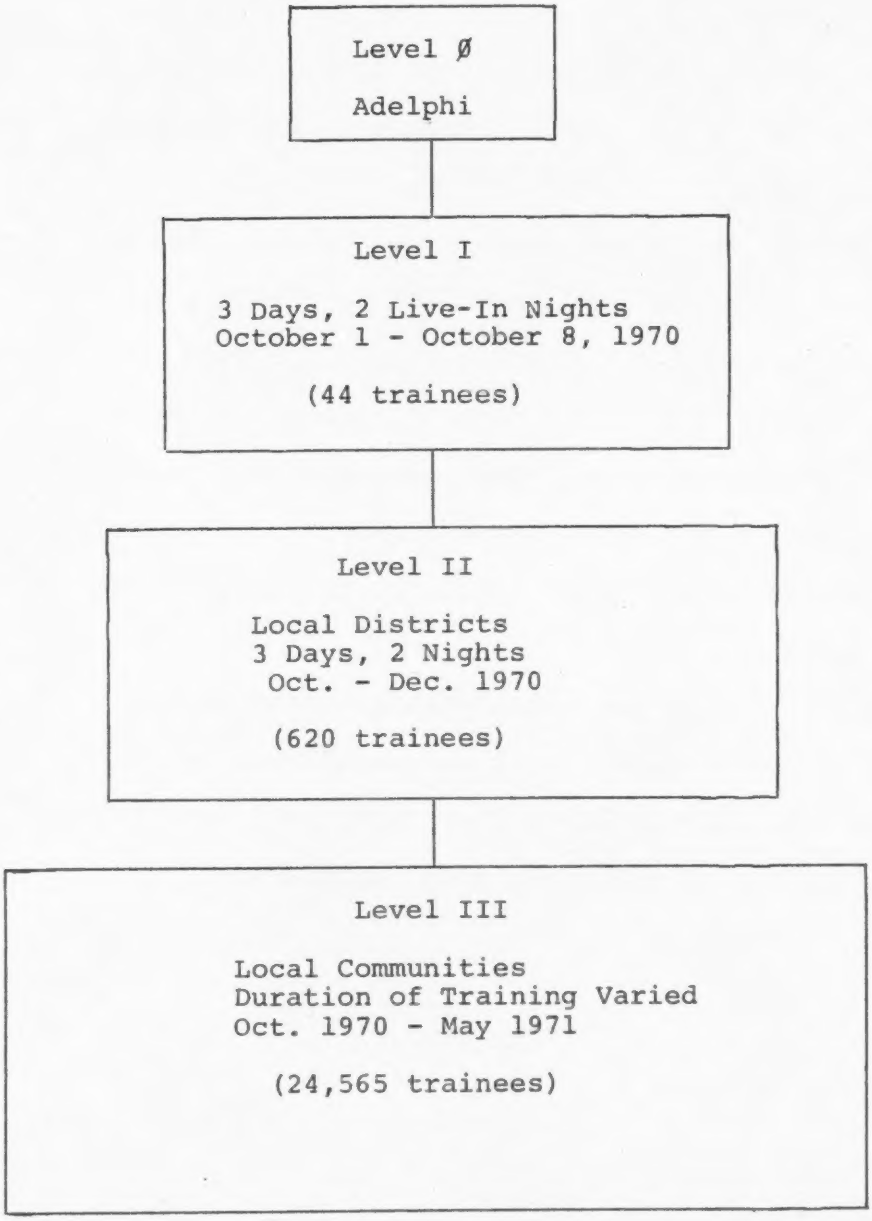
DESCRIPTION OF DELAWARE PROGRAM DESIGN MAP

The Delaware Program Design Map tells us that seven (7) individuals were sent to the Adelphi University National Training Center. This Adelphi trained team, including the director, returned to the state and carried out the Level I state training sessions in Dover, Delaware, where six teams were trained. The members of these teams came from various counties and school districts within the state. They, in turn, returned to their respective local districts to organize Level II training sessions. Upon completion of these Level II training programs, Level I and Level II trainees together organized the local community training sessions, or Level III.

Adelphi trained personnel were involved on all levels of training, functioning as consultants or lecturers. The role in which they functioned was defined by the trainers within various local districts.

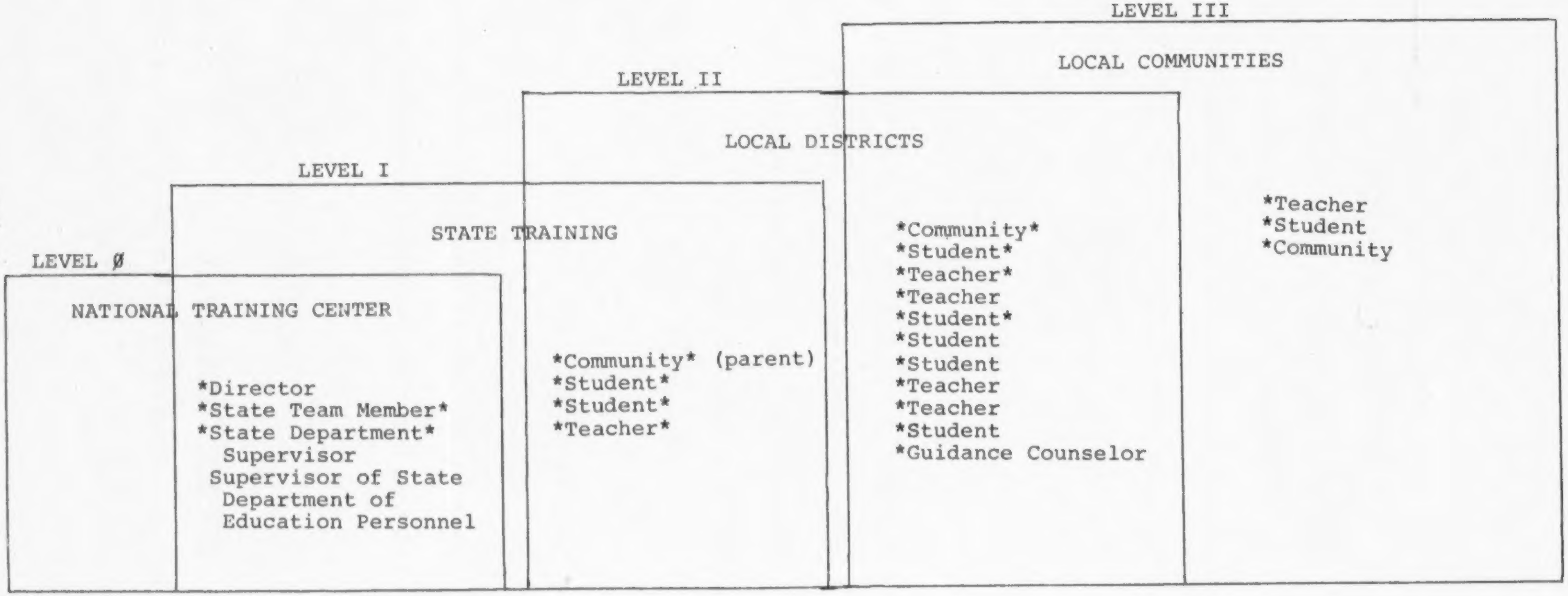
DELAWARE

PROGRAM DESIGN MAP


Level 0
Adelphi
Level I
3 Days, 2 Live-In Nights
October 1 - October 8, 1970
(44 trainees)
Level II
Local Districts
3 Days, 2 Nights
Oct. - Dec. 1970
(620 trainees)
Level III
Local Communities
Duration of Training Varied
Oct. 1970 - May 1971
(24,565 trainees)

RELATIONSHIPS OF SUBJECTS INTERVIEWED
DELAWARE

* Before title indicates subject served as trainee at that level.
* After title indicates subject served as trainer for next level.


LEVEL 0
NATIONAL TRAINING CENTER
*Director
State Team Member
State Department Supervisor
Supervisor of State Department of Education Personnel
LEVEL I
STATE TRAINING
Community (parent)
Student
Student
Teacher
LEVEL II
LOCAL DISTRICTS
Community
Student
Teacher
*Teacher
Student
*Student
*Student
*Teacher
*Teacher
*Student
*Guidance Counselor
LEVEL III
LOCAL COMMUNITIES
*Teacher
*Student
*Community

PROGRAM PREPARATION

The State Department of Education hired a director for the State Drug Education Program which was to begin in September, 1970. The director and six other individuals from various parts of the state who represented diverse specialists within the field of health education and related professions were selected by the State Department of Education to attend the Adelphi University National Drug Education Training Center.

The Institute was designed to educate the participants in the area of preventive drug education from a multidisciplinary perspective through the use of innovative teaching techniques along with various group process techniques.

The state team returned from Adelphi University after having developed a design which they planned to implement within the state. Upon returning to Delaware, the team continued planning and organizing resources within the state in order to effectively put into operation the design formulated.

LEVEL I - STATE TRAINING SESSION

Program Description

Trainers: State Team trained at Adelphi National Training Center.

Duration of Training: 3-day live-in training session.

Participants:

Students	30%
Teachers	35%
School Administrators	5%
Community	30%

Selection Criteria:

Letters were sent to superintendents or local educational agencies informing them of the state drug education program and its objectives. Local administrators were asked to select from their communities trainees to attend the state workshop. It was suggested that teams sent for training would be composed of students, teachers, school administrators, community professionals and nonprofessionals, along with other educational support personnel, such as, school nurses, guidance counsellors, etc.,. The number of people sent for training was estimated on the basis of student population within the defined community.

The responsibility for the final selection of all participants was given to the local school district. A specification was made that one-third to one-fourth of the team members were to be students.

The director and other state team members felt that if they had had control of the final selection of potential trainees, the initial training session would have been more effective than it was. They suggested that more definitive selection criteria be established for future workshops on the state Level I.

Objectives:

1) To change attitudes about controversial issues.
2) To enhance relationships between youths and adults on the topics of drugs, race relations, and age differences.
3) To stimulate change in the classroom environment.
4) To disseminate accurate factual information from a multidisciplinary perspective.
5) To dispel myths surrounding drugs and drug users.

Methods Used:

1) Expectations contract
2) Lectures
3) Movies
4) Group dynamic techniques (role playing, reverse role, alter ego, trust walk, fish bowl, circle walk, sharing secrets, nonverbal communication, prescriptions, descriptions, sharing concerns, monads, dyads, triads, rap sessions)

5) Small group discussions

6) Large group discussions

Resource Personnel:

A consultant was called in to direct the group dynamics techniques and/or group process portions of the state workshop. Consultants were also hired to present factual information in the areas of psychology, pharmacology, physiology, sociology, law enforcement and the youth subculture as these disciplines relate to the issue of drugs.

Other resource personnel such as drug users from the defined community were identified to participate in the workshop.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 73)

The director of the State Drug Education Program felt that the state team was most effective in reaching its objectives when consideration of the meager staff she had to work with was taken into account. She was the only paid full-time member.

The fact that all of the trainers in the state working on Level I were trained together at Adelphi University facilitated the development of the training format mutually agreed upon. The entire staff, composed of educators, community people, and students, all shared a common philosophical approach to the task of initiating an effective drug education program in all the school districts throughout the state, and, hopefully, within all of the schools.

The director felt that the team's success could be attributed to the level of expertise of the consultants hired and the methods selected to provide the trainees with the information and interaction needed to achieve the stated objectives. The team modeled their training format on the training they had had at Adelphi University. The trainers felt that, if these methods and techniques had been so successful for their own training, chances were that trainees within their own state would experience similar growth.

The director considered that one of the team's objectives, i.e., to stimulate change in the classroom environment, was not as successfully achieved as the team had anticipated. She attributed this failure to the local school structure itself. She felt that not only must teachers and students have more flexible attitudes, but also that the school administrators on the local level must be exposed to and be more open to innovative educational techniques. Otherwise, they would not be able to implement locally what they had learned at the state training sessions.

The director, along with other state team members interviewed, felt, in particular, that the group dynamics techniques utilized and the multidisciplinary approach to program content were successful because they addressed the needs of the trainees.

"Interaction between educators, students, community professionals, nonprofessionals, and other school related personnel was the most valuable aspect of this program," said the director. The trainees were given the opportunity to get to know each other through discussion groups as well as the use of group dynamic techniques. The live-in situation facilitated this interaction, for all categories of trainees were given the opportunity to discuss related issues as much as they felt the need to. "For many of us these discussions went on until wee hours of the morning," stated the director.

Another state team member felt that the team was most successful in achieving its objectives if one took into consideration how all-encompassing its objectives were. He based this opinion on the fact that all trainees of the state training sessions evaluated the workshops from their own perspective and the data reported verified his perceptions of the outcomes of the workshop.

> "The success we had was due to methods and style of training the trainees were exposed to. People on all levels within society, students, educators, community, need to express their own views and grow through each other, in order to be able to work together. Many people have a great amount of expertise in a particular discipline, but it is only through combining all of these disciplines that we get a total picture of any issue.

I feel that the people problem which may be the reason for the increase or widespread use of drugs must be looked at and we provided our trainees with an opportunity to look at it and this is what they felt they needed.

We trained 37 teams and all of these teams are doing something back in their school districts. I have personally worked with seven of these teams as a resource person, a consultant. Each state team member trained at Adelphi is doing the same thing I am doing.

We still have needs. In fact, now we have more needs than we had before the training at Adelphi took place last summer. We have turned out hundreds of students, community people and educators throughout the state. These people need support; they need further training. Calls come in to my office, my home, the state office, to other members of our team's homes, asking us to help.

I am doing all I can but I must admit that it gets terribly pressuring. All of my efforts in the state drug education program are over and above my regular full-time position. It is all volunteer work for everyone of us, the entire team. Everyone, that is, the hundreds of people involved throughout the state, volunteer their time, effort and personal expenditures. I feel further support from the state department and federal government is needed to continue or merely maintain this program. It would be a terrible thing if this program ever died, for it's my hope that our endeavors are not only affecting drug users and potential users, but we are developing change agents within other institutions that affect the overall community educational processes. Support, commitment, expertise is coming from the most unexpected places. We are finding people that really care and are using their talents to help others.

A supervisory employee interviewed from the State Department of Education stated that "this program has accomplished more in one year than any other federally sponsored program that I have been involved with or heard about." He also felt that it is the most effective in-service training program for teachers that he has ever seen put into operation.

> "At the beginning, I had my doubts about the methods and style of training the state team had decided upon to implement the state drug education program. However, the effect has been so far-reaching. The trainers have reached educators, students,aand community people from every local school district within the state.
>
> The need for training more teams is, however, a very real need. This need has been expressed by local teachers, school administrators, students, and community people. It is essential that we be able to respond to this need. Drug crisis centers, innovative drug education programs within the local elementary and secondary schools, hot lines, hundreds of people becoming personally involved in local community projects, a most effective in-service training program for teachers, kids becoming responsibly involved in community projects rather than using drugs, are just a few of the outgrowths of this program. How can we think of not continuing a program whose effect results in these types of activities?"

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 73)

Community (parent):

> ...I participated in this training session because when I was asked by the principal of the high school I thought it would be a great opportunity to learn more about drugs. I was most concerned about the drug issue but I had no idea what to do to help kids. I just hurt for the kids who were taking drugs that may eventually kill them in one way or another.
>
> I was very surprised at how the trainers taught us about drugs. We were taught factual information on the psychological and physiological effect of drugs, the legal aspects, sociological aspects, and the effect drugs have on the individual. This I thought at first was all I had to know, but that was easy to learn in comparison to that part of the training which forced us or helped us to get to know ourselves and each other.
>
> I was so surprised to discover how individuals from such different backgrounds had so much in common. We all cared for each other in such different ways; yet, it took awhile to learn just what role every person plays in his community.
>
> I learned things about myself that really changed me. This training has not only allowed me to feel that I am a very important part of my community because of what I now know I have to contribute to it, but it also has taught me to relate to my own husband and children in different ways. I am closer to them because I have learned how to listen, how to hear, how I can feel for them if I listen and really hear.
>
> Naturally, I always thought that I

could listen, but you know, I really couldn't because I know I didn't hear what they said a lot of times. I used to to just hear words. It's much easier to hear just words than it is to hear the feelings that are being expressed in those words.

The lectures, the films, printed materials, the students' experiences, all provided me with factual information about drugs, but all the different group dynamic techniques used in the small groups really taught me how to relate to other people, how to listen, how to share, how to give and take to and from each other.

The warm feelings of appreciation, and commitment to those people I am working with, to the team I'm a member of are so satisfying and supporting. On our team there are three students, a nurse, two teachers, and a school administrator. We have designed two, 3-day workshops within our school district for students, teachers, and community people. We have reached over 120 people. The trainers who trained me at the state workshop have come in to help me during our workshop. We also use doctors, lawyers, university professors, and consultants to help with the factual information. The individuals our team has trained are doing other things and we help them.

The whole thing is just unbelievable. If only there was more money for more training plus more support on the local level. I don't know how the director does all that she does...

Student:

...I am really grateful to the person who asked me to participate in the state workshop. I don't know why the high school principal asked me because I don't use drugs or anything. I'm really kind of straight. But, I learned that kids that use drugs have the same kind of problems I have. They just take drugs instead of doing some of the things I do.

I guess I learned that I didn't take drugs just because no one has tried to tell me I should. My friends don't use drugs. We don't dress like the kids that take drugs either. But that really isn't a very good reason for not using drugs - just because I didn't have opportunity.

Another thing that surprised me was that some kids who look real straight smoke grass and take acid, too. So many adults that I met admitted to taking diet pills, pep pills, sleeping pills or other things.

If only we could have more workshops on the state level. My team has run a workshop here in this community but it wasn't as good as the state workshop. We really don't have the time to put into it with our jobs and family responsibility. I can work on a committee and help with one or two projects but to oversee the whole thing is just too much.

We really need help. So many students here at the high school are turned on to helping each other and community people as well. If only we could be freed up and get more structured support. Some teams have done more than we have and I'm happy for them and proud that they are but we have very real constraints and time problems here.

This type of training would be invaluable to teachers, but you need students and community people there. The state and federal government spend so much money on things that don't work. I don't know why they can't spend more money on things, like this, that do work.

I used to think that drugs were really evil and now I know that it isn't the drug that is evil but the reason why the person uses the drug that is important. The whole thing is a matter of degree.

If it is the reason why the person uses the drug that is most important, then we have to learn how to relate to people, that is to relate to those people using the drugs and people that don't use the drugs. People that don't use drugs can talk about what in life makes them high or happy and then people that do use the drugs maybe can learn about how to be high without the drugs.

But, before we can do that, we have to know the facts about drugs, we have to know that it is a 'people problem' not a 'drug problem' and we have to learn how to relate to people.

That is the reason why I am working so hard on our team. We were all trained together at the state workshop. Now we have to bring that information and experience back to our community. This isn't easy, especially when the teachers on the team have to teach all day, the nurse works all day, the team leader, who is a community person, works all day as a housewife, I go to school all day and the school administrator works all day.

Do you believe we found a way? After we came back home we started planning how we could have two 3-day workshops. We really worked hard selecting people, getting them time out of their regular jobs, getting students out of school for 3 days, etc...but we did it. Now we have about 120 people in this community doing things. We are trying to set up a hot line, we got space for a drop-in center, some space at the hospital for treatment for kids starting recreational programs, and still trying to plan workshops.

My own parents are involved. Our family has changed too. I don't fight with my mother like I used to.

I have so much responsibility now. I am really involved. It gets really hard with school and all, but now I know I want to go to college and learn more about how we can approach problems like this.

It would be so much better if we had more time, more support, and more training on the state level. It would make it so much better for us on the community level. A lot of people here want more training. Me included...

Student:

...I know kids who have stopped using drugs as a result of the training session. It has helped a lot of people in their own personal lives, mine included...

Teacher:

...From this training I learned that there actually was a drug problem here in my community. I found the high school students, ones with long hair included, to be a lot smarter than I thought they were. At the beginning of the workshop, the first day or so, I thought that the students were belligerent and disrespectful, but in their apparent rebellion I found them to be very honest. Before this workshop I must admit that I was very unsympathetic, but my attitude toward youth, toward my own community really changed. The change was uncomfortable at first but now I'm getting used to it. It is a great feeling to understand a person. It takes time and effort but, after all, that I know what he or she is all about makes you feel good because you have respected them.

The group dynamic techniques were really great tools to bring back to the classroom. They have really helped me in my classroom teaching. I teach English and I really use the small group discussions, the fish bowl, the talk behind your back and other techniques I learned at the Workshop...

LEVEL II - LOCAL DISTRICT TRAINING

Program Description

Trainers: Trainees of state training session (Level I) who were trained in teams composed of students, educators, and community people from local school districts throughout the state.

Duration of Training: 3 days (40 hours)

Participants:

Students	35%
Teachers (support personnel)	55%
School administrators	5%
Community professionals, non-professionals (parents)	10%

Selection Criteria:

The team members (trained on Level I) contacted high school principals and asked that teams be sent from each school to participate in a 3-day workshop. Each team was to be comprised of students, teachers, educational support personnel, school administrators, and community professionals and nonprofessionals. It was stated that those selected to attend the workshop be leaders or innovators within their representative institutions or have potential leadership ability. One-third to one-fourth of the team was to be made up of students.

Objectives:

1) To disseminate factual information from a multidisciplinary perspective about drugs.
2) To develop communication skills.
3) To improve relationships between youth and adults.
4) To form and train a team to function within each high school within the school district.

Methods Used:

1) Lectures
2) Films
3) Group dynamic techniques
4) Small group discussions

Resource Personnel:

In all communities the workshops were presented in either church or school facilities. This was a no cost item. Two or three state team members (trainers, Level I) attended each local school district workshop to serve as lecturers or process consultants. Some communities hired a director for the group dynamic techniques portion of the training.

Lecturers from within the community donated their time to present factual information on the pharmaclolgical, physiological, and psycho-social aspects of drugs. Law enforcement personnel and lawyers were also utilized to share their expertise in those respective fields.

EVALUATION OF TEAMS' SUCCESS OR FAILURE IN REACHING TRAINING OBJECTIVES

Subjects Interviewed: (see table, p. 73)

Community (parent):

> ...I feel that the team was most successful in reaching our objectives. We modeled our workshop after the training session we attended on the state level.
>
> The most basic needs of teachers, students, and just regular community people are never met. In all of the years I have lived in this community, on one ever thought or tried to really help me out. I think that we helped everyone learn more about themselves and about each other.
>
> Besides giving the participants all the factual, accurate information about drugs, we also exposed them to methods which they could use to deal most effectively with the drug issue. All the knowledge in the world about any particular topic is useless if you don't know how to use that information in relation to yourself and others.
>
> This wasn't just my feeling. It was also the feeling of the trainees themselves, for we gave them evaluation forms that we asked them to fill out and most of the information they gave back to us was positive. Most of them said that they wished the workshop had been longer and that they would like everyone to be able to participate in it - the whole community, that is, all students, teachers, and parents. I feel that this is a good indication of their needs and what they feel others needs are, as well...

Student:

> ...The workshop was really better than I expected. I really had my doubts about

teachers I have had in school, my own friends, other kids who I didn't really know before, my vice principal, really being able to get into it. You know, into really sharing their opinions and ideas.

I really know kids who were smoking grass a lot who have decided not to smoke grass anymore because of what they learned at the workshop.

The thing that really makes me feel bad is that we can't give everyone in the school district a chance to have the same experience. There are so, so many hassles in setting up a program like we did and it takes so much time. It's really hard when everyone has to work full-time at other jobs.

Maybe some day we will get a really turned on chief school officer who can organize a program like this for everyone. You know, drugs aren't that big of a problem. The problem really is that people don't communicate together enough. Some kids just get all down, lonesome, and then cop out on drugs. They smoke grass once or twice, get into a little bit of trouble and get more down. After that, they just do more drugs and really hurt themselves. But, see where it all starts? It all starts with not being able to communicate.

We are going to run another workshop in a month or so. We have already started planning it. Some of the people who were in the last one are going to help us too...

Teacher:

...The program wasn't as good as the team and I had hoped. We had so many constraints working against us. Due to the date we had to have it (because of the chief school officer's mandate) we were not able to get a consultant in to direct the group dynamic techniques portion of the program. Consequently, it was like a traditional learning situation which really never did turn anyone on. Our trainees didn't get as personally involved. They were really kind of stiff.

We gave them all of the factual information about drugs but that doesn't help them learn how to relate to the issue.

If only we had been able to give them the same experience we had on the state level. I really can't see why there can't be a state team established who was free to come and do the training on the local school district level. I know that there isn't enough money, that the director is the only one paid, that it's better for each district to answer their own problem, but, then we should have the money to hire consultants and free time to organize a good training session.

I feel really badly that we didn't do a better job. The trainees said they liked it, but they have no idea of how good it could have been had we had some time, some money, some support.

It gets me really mad to think of all the things we waste money on and when there is so much potential for everyone in this program and no money to bring it to the people. Our teachers really need to learn about the different group dynamic techniques. Knowing how to use those techniques in the classroom makes such a different climate for the teacher and the students.

Maybe next time around we can do better...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 73)

Community (parent):

...The most valuable thing I learned from this workshop is that adults are really no different from kids. They do the same things as adults, for pretty much the same reason but the only difference is in the things they choose to do. Some choose to smoke grass once in awhile just as some adults choose to drink. The legal aspect is really a problem for the kids when looking at the drug issue.

I used to get all defensive over the topic of drugs but there are so many other more important parts to people than just looking at drugs. If only we could get over that problem. You know, that is really when the real serious generation gap business started - when we started blaming kids for the drug problem. The drug problem has been here for an awfully long time and for me it doesn't exist any more. Now I see the whole drug issue as a people problem.

If only there was more time, more workshops for more people. I have told my husband and children all about the workshop. I would love it if they could go to one like it.

Ever since I went through the workshop so many things are different for me. I really have learned to listen to my husband and children differently. Now I can talk to my high school kids about things they want to talk about and I want to talk about, but before we just couldn't do it. Now we can. I learned so very much.

Oh, and besides learning those things, I also learned a lot about drugs. I found out what drugs do to the body and I now feel that an awful lot of people are really hurting their bodies by taking all the drugs they do take. Some of the teachers were really surprised to learn what the doctors told them about drugs they were taking.

Now I am working on our school team running rap sessions for students after school. We also plan on doing a lot of other things...

Teacher:

...We need many more programs of this type. It was really something to learn that teachers themselves have trouble communicating with each other. It was really something to see how well a lot of the students got on together in comparison to the teachers.

It was just great seeing students, school administrators, the police, teachers, and parents all working on trying to really understand each other and learn real factual information together. I could hardly believe it.

I have tried to use a lot of what I learned at the workshop in my classroom. It really works. I would like now to take some courses in group dynamics to learn more about how to use these techniques in the classroom...

Teacher:

...There is really a necessity to get people together. Our society just moves too fast to keep up with each other. This was the first time anybody ever gave me the opportunity to learn and relate what I felt to others at the same time. It was just great!

After I went to the workshop I started working at a drop-in center here in our community. We are now planning a workshop at our school for other teachers and students. It's really too bad that more workshops couldn't be organized by people who didn't have so many other responsibilities. We find it really hard to get the time just to plan it - never mind get it off the ground, but we are really going to try...

Community:

...This was the greatest program I have ever attended. I have gone to a lot of lectures and stuff about drugs, but this was really something else.

I work for the Recreational Department here in the city and I would love to get someone to put on something like this for our staff.

I learned, of course, a lot about drugs, but I learned so much more than that. The people there were really beautiful. I never in my life got to meet so many great people so fast. We never seem to take time out for that in our busy day-to-day world.

It would have been much better if it could have been a bit longer. It's hard to get so much in, in just three days.

You know, I must say that some people didn't like it as much as I did. Some individuals felt that they didn't want to waste their time listening to and talking with kids, especially kids who use drugs. I could hardly believe this because some of these people were guidance counsellors. Well, I guess it takes all types to make a world...

Student:

...I thought the whole thing would be about how bad drugs are like everything else I've ever gone to that was about drugs. I really didn't want to go, but since the principal asked me, and I have gotten into trouble here at school because some said I smoked grass, I decided I had better go. I could hardly believe how good it was. Like the leaders or I don't know what to call them, the people that ran the workshop, just told us the facts and let us talk. We had lectures and stuff but afterward we would always go into groups and discuss what we had learned.

Some teachers really seemed like they were really together. They showed that they really cared about kids and stuff. Man, I really was surprised.

I feel really bad for teachers who are also parents. They must find it real hard because the school kind of doesn't like teachers getting friendly with students and a lot of teachers want to.

This was really a great thing. I wish all the teachers at my school could go. I bet if they taught us school stuff the way those people taught us about drugs, so many kids wouldn't quit school or flunk out. I heard one teacher say that he was really going to try to get to know his students better. That's really great. I got to know my English teacher in a real different way. I could hardly believe how nice he was. What a difference from school...

Student:

...I used to be really closed. I never dared talk to teachers or anyone that wasn't a real close friend. I could hardly believe that I told them about how I had smoked grass. No one in my group acted shocked or anything. They just talked with me about it.

I have not touched grass since I went to the workshop. I feel so much better, I really don't need drugs anymore. I used to think that smoking with the guys was really cool but now I realize I did it just for that reason. What a stupid thing.

Now I don't even want to drink. I can get all kinds of good feelings from just grooving on people - all kinds of people.

I don't think that they are going to have

> any more workshops. That is really a bad thing because a lot of guys and chicks really want to go. This would be great for everyone. Drugs really can be a bummer...

Student:

> ...I learned not to shut off teachers and old people like I used to. I thought most of them were a bunch of duds. You know, drugs are really a crutch, that is, if you get into them heavy like, when your head or your body tells you you need them. That is really a bad scene. But, grooving on people can really be a heavy beautiful scene. This may sound stupid, but this thing really changed the way I look at other people - that's heavy...

LEVEL III - LOCAL COMMUNITY TRAINING

Formats for training on this level varied from one community to another throughout the state. The following program description is merely one example of the type of training sessions that occurred.

Program Description

Trainers: Trainees of local district training sessions within the school and local community.

Duration of Training: Two day training session at the high school.

Participants:

Students	40
Teachers	50
Parents	20
Total	110

Selection Criteria:

Students that wanted to go could sign up. Only 40 could go so not everyone had a chance. Parents were invited and all the teachers had to go.

Objectives:

1) To teach people about drugs.
2) To discover alternatives to using drugs.
3) To learn how to communicate with other people.

Methods:

1) Lectures
2) Films
3) Small group discussions

Resource Personnel:

A doctor, lawyer, and policeman from the community were invited to lecture. A school psychologist from another community, a state team member (Level I), and two of the local district team members (Level II) acted as consultants. The school facilities were used to house the workshop.

TRAINER'S JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 73)

Teacher:

> ...It was not as good as the one on the local district level that I went to, but we only had two

days. It's hard to fit everything in, in two days. But, since more students want to go and the teachers seemed interested, I think we should try it again. It is so much work and there are so many problems to get it organized and off the ground.

If only there was someone who could be freed up to plan these things. We really need them...

Student:

...It was o.k. We don't know how to do it like it should be done, It's almost impossible. We worked so hard and it wasn't one-half as good as the one I went to. They say the state one was even better than the one I went to.

I really wish I could be next at the state team. Everyone needs this so much - not just for drugs, but everything...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 73)

Student:

...It's more important to try to prevent drug abuse than it is to try to stop it after it starts.

It was so good to have teachers and community learning with us. It is really important to trust those on all levels with different jobs, different clothes, and of different ages.

I learned a few facts, but those aren't as important as learning from the people there. The greatest thing I learned was to relate to teachers and kids that aren't like me. I never really talked to those people before.

Now some kids and teachers want to set up a rap center in the cafeteria after school. The principal said we could and I am going to work with them. It should be real good...

Teacher:

...I think this program just scratched the surface. There is a lot more in this area that has to be done.

The thing that surprised me most was how involved the students became in the discussions. The teachers have a lot more difficulty in relating than they do. Naturally some teachers felt that the discussions were superficial, but some teachers are superficial. That will always be the case.

I am going to work on the rap center project. Maybe next fall we can really get a good program going. That is, if we can get the support we need...

DELAWARE

THE FLOW OF PURPOSES AMONG LEVELS

Level I	Level II	Level III
1) To change attitudes about controversial issues.		
2) To enhance relationships between youth and adults concerning the topics of drugs, race relations, and age differences.	3) To improve relationships between youth and adults	3) To learn how to communicate with other people.
3) To stimulate changes in the classroom environment.		
4) To disseminate accurate factual information from a multidisciplinary perspective	1) To disseminate factual information from a multidisciplinary perspective about drugs.	1) To teach people about drugs.
5) To dispel myths surrounding drugs and drug users.		
	2) To develop communication skills.	

DELAWARE

THE FLOW OF PURPOSES AMONG LEVELS (continued)

Level I	Level II	Level III
	4) To form and train a team to function within each high school in each school district	
		2) To discover alternatives to using drugs.

OBSERVATIONS OF INTERVIEWER

The state coordinator in Delaware felt that the major task confronting her at the time of the interview was trying to utilize the energy and expertise of all the participants of the state and local district training sessions. What was apparently needed was further training in organizational development techniques, i.e., how do you develop local structures that are flexible yet coordinated well enough to be able to accommodate the energy of all trainees?

Energy, commitment, and expertise were qualities exhibited by the interviewees in most communities visited; yet, substructures to accommodate the channeling of this energy had not yet evolved. It was feared that if a substructure was not sufficiently systematized, individuals would become distracted and lose sight of their task.

Through follow-up sessions on both the state and local levels, the coordinator hoped to overcome some of the present difficulties. She also hoped that training in organizational development techniques would soon be provided for trainees on both of these levels.

THE MULTIPLIER PROCESS IN THE STATE OF FLORIDA

Dates of Interview Visits:
April 19,20,21,22,23

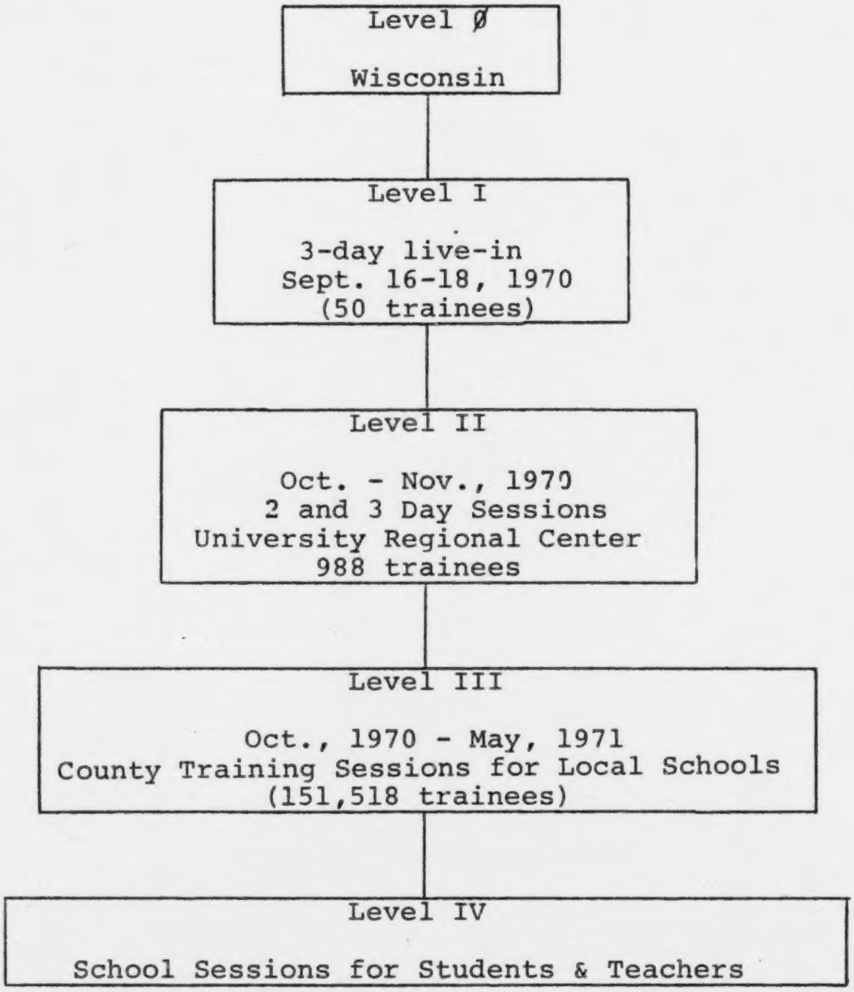
DESCRIPTION OF FLORIDA PROGRAM DESIGN MAP

From the Florida Program Design Map we can see that the state team trained at the University of Wisconsin National Training Center returned to the state to run the Level I State Training Conference. The participants of the state conference were the regional coordinators (Level II) and the county coordinators (Level III). These regional coordinators, in most instances, attended both the state and regional training sessions.

Level IV training came about as an outgrowth of the county training sessions. Two Level IV formats for training were identified in two of the communities visited.

FLORIDA

PROGRAM DESIGN MAP



Level 0

Wisconsin

Level I

3-day live-in
Sept. 16-18, 1970
(50 trainees)

Level II

Oct. - Nov., 1970
2 and 3 Day Sessions
University Regional Center
988 trainees

Level III

Oct., 1970 - May, 1971
County Training Sessions for Local Schools
(151,518 trainees)

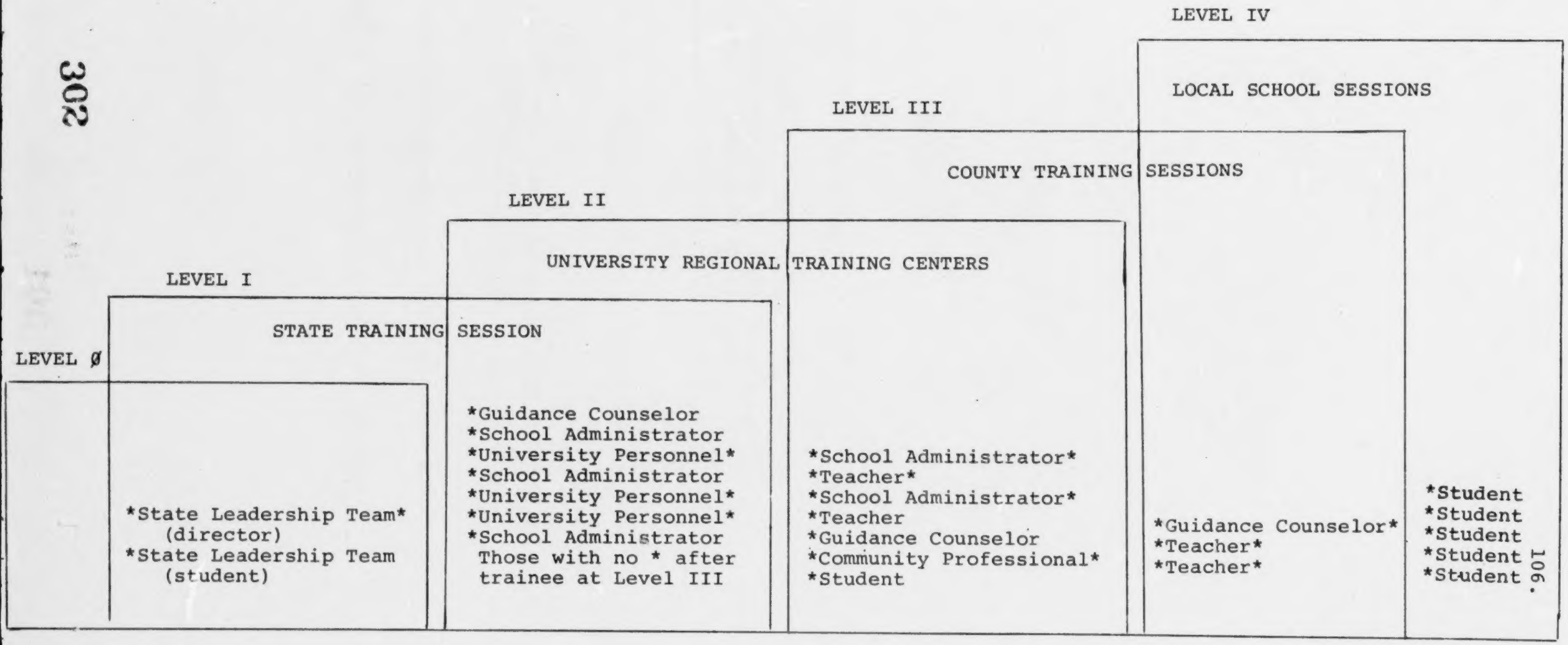
Level IV

School Sessions for Students & Teachers

RELATIONSHIPS OF SUBJECTS INTERVIEWED
FLORIDA

*Before title indicates subject served as trainee on that level

*After title indicates subject served as trainer for next level


LEVEL Ø
LEVEL I
STATE TRAINING SESSION
State Leadership Team (director)
*State Leadership Team (student)
LEVEL II
UNIVERSITY REGIONAL TRAINING CENTERS
*Guidance Counselor
*School Administrator
University Personnel
*School Administrator
University Personnel
University Personnel
*School Administrator
Those with no * after trainee at Level III
LEVEL III
COUNTY TRAINING SESSIONS
School Administrator
Teacher
School Administrator
*Teacher
*Guidance Counselor
Community Professional
*Student
LEVEL IV
LOCAL SCHOOL SESSIONS
Guidance Counselor
Teacher
Teacher
*Student
*Student
*Student
*Student
*Student

PROGRAM PREPARATION

The State Department of Education hired a director for the state drug education program in the late spring of 1970. The State Department selected the director, along with nine other individuals from various regions within the state, representing youth, educators, school administrators, and other professionals to attend a one-month, live-in National Drug Education Training Center held at the University of Wisconsin during the summer of 1970.

Upon returning from the National Training Center, this state leadership team began to plan for the state conference which would take place on September 16, 17, 18, 1970. Regional coordinators from the university system were identified to attend this conference. These university personnel would serve as regional coordinators for the state drug education program.

County coordinators were also selected by school administrators in the various counties throughout the state. These regional and county coordinators, along with other community professionals, attended this state conference in order to become familiar with the drug education program design decided upon by the State Department of Education and the state leadership team.

LEVEL 0 - NATIONAL TRAINING CENTERS

Subjects Interviewed (See table, p. 106)

LEVEL I - STATE TRAINING CONFERENCE

Program Discription

Trainers: State Leadership Team trained at Wisconsin National Training Center.

Duration of Training: Three-day live-in training session - September 16, 17, 18

Participants:

Students	10%
Teachers	60%
Community	30%

Selection Criteria:

Each region was asked to appoint a regional coordinator who was employed at a local university. Supervisory county administrators within the regions were then asked to select county coordinators who would be trained on the state level to coordinate local drug education programs.

These regional and county coordinators were in turn asked to identify qualified professionals or nonprofessionals within the local communities who would contribute as participants at the state conference. Individuals representing law enforcement personnel, doctors, clergy, social service professionals, and other community representatives identified on the local level made up the community component of the state conference. Consequently, a wide range of interested, professionally qualified individuals from various counties throughout the state were brought together at the state conference.

Objectives:

1) To give the participants a broad picture of the drug scene, including the physiological, psychological, legal, sociological, and pharmacological implications of drug use.
2) To involve school personnel in complying with the emergency School Board of Education regulations embodied in the law passed that all students, K-12, be exposed to drug education materials.
3) To carry out a program of awareness of the drug scene throughout the state.
4) To help the participants design a systematic approach to effective dissemination of drug related materials.

Methods Used:

1) Lectures
2) Panel discussions - question and answer period
3) Audio-visual materials
4) Group interaction

Resource Personnel:

Consultants were hired to present lectures on the pharamacological, physiological, psychological, legal, and sociological aspects of drug use. Ex-addicts, students, and drug-users were also invited to present a panel discussion.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 106)

The director of the state program felt that the team was quite successful in reaching its overall objectives. He felt that the major factor affecting this success was a bill passed by the state legislature which mandated that all school systems within the State of Florida design and implement a drug education program for all students from kindergarten through the 12th grade. Consequently, county school systems viewed the director of the program from the State Department of Education as a facilitator in assisting them to achieve the objective mandated by the legislature.

The director also felt that the state leadership team had grown considerably since the initial state training sessions.

> ...Not enough emphasis was placed on the humanistic approach. We didn't provide the trainees of the state conference with enough information in this area to have it filter down to the local level. However, we are now emphasizing this in our local county training sessions...

Most of the small group discussions were centered around the task of designing regional and county training sessions. Regional coordinators got together to design their programs and so too did the county coordinators, along with other professional people from respective geographic areas.

A problem identified by the director was that some of the state leadership team, resource people contracted to make presentations at the state conference were not as well-qualififed as had been anticipated. This statement was made specifically in reference to the panel of ex-addicts. It was felt that they did not serve the function they were expected to serve. Trainees verbalized many negative reactions to their presentations. The director felt that these individuals should have been more thoroughly screened prior to their presentation.

He also felt that much fragmentation was evident at the commencement of the state conference. Regional and county coordinators seemed to be going in different directions, i.e., everyone seemed to feel that their approach to the training of educational personnel was most effective. However, as the conference continued, this fragmentation became less noticeable. Through the interaction and sharing of common experiences, the polarization decreased and a common philosophical approach to the task at hand began to emerge.

The director felt that the consultants invited to present lectures on factual information about drugs were very effective.

Doctors, lawyers, law enforcement personnel, clergy, community people, social service agency personnel, drug users, and ex-drug addicts all played a part in the program. Their expertise was shared and much appreciated by the participants.

Another state leadership team member interviewed seemed to have a most divergent opinion of the effect of the State Drug Education Program. This team member also attended the National Training Center. He felt that the State Department of Education had already designed the program which would be implemented within the state and that much of the effort expended by the state team members during the summer at Wisconsin was really in vain. In a sense, he felt that any input he had to contribute would only be accepted if it had already been incorporated in the original design; other ideas would be rejected.

> ...I think that the people selected to go to Wisconsin were individuals who had political contacts within the State Department rather than those truly interested or involved in the drug scene. I felt that whoever had control of the whole thing choose the easy way out rather than the most effective way.
>
> I haven't seen anything done on the county level except passing out packets of information on drugs to teachers. No one needs to design a whole program for that.
>
> Students were involved at the state conference, but only eleven of us out of about 150, and we really didn't have a role to perform. I think it was merely tokenism. We were there simply because that is the in-thing for state departments, colleges, etc., to do. Involve students in planning - big deal.

Students can only offer suggestions and help out if they are looked at as an important part of the whole. I kind of felt I was there for a show.

When I think that the federal government spent money for me to go to Wisconsin for one month! I'm on the State Leadership Team and I have never been asked to contribute anything at the regional or county conferences. It seems like a waste of money to me. I appreciated what I learned, but no one asked me to use what I have learned to help other kids.

I think the state program could have been much better. I was really willing to do my share, but no one seemed to want to hear what I thought or what I had to say.

I learned an awful lot through this experience and I'm sure this program is doing some good, but I as I said, it could have helped a lot more kids, teachers, and community people...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed: (See table, p.106)

University Personnel:

...I didn't perceive the state conference to be any type of training session. I and most other participants went to the conference merely to share ideas about how to function as regional coordinators.

My function was a very simple one to perform. I merely had to organize one regional conference. All of the regional coordinators did hold a conference and that was all that was expected of us.

I really didn't learn anything that I didn't already know before the state conference. We just heard lectures about drugs from different points view. Just like any other conference one attends, some lecturers were better than others.

I didn't think it was really necessary that we attend all of the lectures. We aren't the ones that should know what drugs do to the body and the mind. It's the kids that have to learn that. They are the ones using the drugs.

One part of the conference that I really thought was useless was the panel of ex-addicts. They weren't honest or real. I would never want kids to hear what they had to say.

I feel that this program has been very effective in helping teachers to get factual information about drugs to students. That is what it is all about...

School Administrator:

...I thought that this program was really very good. It is so important that we get information to teachers so that they can begin to deal with the drug issue as it comes up in various communities.

The lecturers were excellent and I learned much about drugs that I had not yet had the opportunity to learn. It was good to meet people who were willing to work together to plan regional and county conferences. I worked on the county conference that we had here. I also participated in the regional conference. The regional conference held at the university was modeled after the state conference.

I must say though, that I feel more emphasis should have been placed on the reasons why kids use drugs. The approach at the regional conference was very cut and dry. I think they really simplified the problem too much. It's really much more complicated than they think. I don't think that factual information is the answer.

We keep saying that we need to involve students, but I have yet to be part of an organized program where students are really involved in designing it. This bothers me. Even in the drug program I conducted for teachers, I didn't involve students. I must admit that I didn't know how to involve them in a way the teachers would accept. Maybe we can learn through this program...

Teacher:

...I thought the state conference was really excellent. We looked at all aspects of the drug issue and that is the only way it can be looked at. I feel that the lectures were the best part of the program. All of the speakers were well qualified and presented the facts. Most of them refrained from giving their own opinions and that is the way it should be.

The group discussions were good, but I think that each county must design programs to fit their own needs. For example, in our county we can't possible start drug programs for students and our community people until our teachers are educated. We must have teacher in-service training programs throughout the county before we can begin to educate the students.

As I said, I thought the program was excellent and I am now running programs for teachers,making certain that they receive the same range of complete of factual information...

School Administrator:

...I thought that the state conference was excellent. I learned how to administer a drug education program in our county. I am going to see to it that every teacher gets a packet of material on drug education programs so that we can insure that every student in our county gets the facts about drugs.

This has been mandated by the state legislature and the state conference was an excellent opportunity to learn where I could get information to disseminate to all the teachers and they in turn to the students. At this point in time, drugs have not reached our community so this will be truly preventative education...

University Personnel:

...I didn't look at this conference as a training session. I feel that the major purpose of the conference was to inform the regional and county coordinators of the intentions of the director of the State Drug Education Program. The format which was used during the 3-day conference is the one we, as coordinators in various regions, were to also utilize.

I felt that the students who participated in the conference were not utilized as they could or should have been. I thought this portion of the program was very poorly organized.

It was mentioned by various speakers that there were hopes that this program would meet some of the unmet needs of our students and community people. However, I don't feel that anything was modeled at the state conference that would facilitate the achievement of this objective. It may be that accidentally this objective will be met in some counties, but I don't feel that any structured portion of the design aims toward this.

I would recommend that more students and grass roots people be involved in meaningful ways. For this type of program these two components are essential...

LEVEL II REGIONAL TRAINING SESSIONS

Program Description

Trainers: Trainees of State Conference

Duration of Training: 2 to 3 day Training Sessions

Participants:

Students	15%
Teachers	85%

Selection Criteria: Teachers and students were identified by school administrators within the various counties, throughout each region.

Objectives:

1) To give the participants factual information on the pharmacological, physiological, legal, sociological, and psychological aspects of drug use.

2) To make the participants aware of the drug problem in the state and in local communities.
3) To teach the participants that the drug problem is only a symptom of a larger problem.
4) To make the participants aware of the role of the school in combating the drug problem.

Methods:

1) Lectures
2) Audio-visuals (tapes, transparencies, films)
3) Resource materials (books and pamphlets)

Resource Personnel and Materials:

Guest lecturers from various disciplines were invited to make formal presentations to the trainees. Resource materials were also provided for all participants.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Training Objectives

Subjects Interviewed (See table, p.106)

Regional Coordinator:

> ...I really don't feel that I was successful in achieving what I feel needs to be done. I merely designed a program after the format of the state conference. The participants represented those categories suggested by the director of the state program.
>
> I feel that I could have designed and directed a much more effective program had I had the option to deviate from the structure imposed upon me.

The State Leadership Team isn't very effective merely because they don't seem to be cognizant of or aware of what doesn't work. I think that if we know what doesn't work, we can look for new ways of presenting information.

On the whole, I have been most disappointed in the state program. I don't think our efforts are even scratching the surface...

Regional Coordinator:

...As the regional coordinator, it was my responsibility to see that the county coordinators did provide factual information for teachers within their respective counties. This program was very well organized and easy to administer. You see, my role was one of administrator. I was responsible for reporting to the director of the state program.

I am the regional coordinator for eleven counties. Each county has reported to have done something within their county.

What is important is that all the students throughout the state get factual information about drugs so they will learn how dangerous these drugs are. I listened to a student at the conference who said he smoked marijuana. His reasons for doing it didn't make any sense at all. If we can stop kids like him, we will be doing our job...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p.106)

Guidance Counselor:

...The regional conference was not really a training as such. We heard different speakers talk about the drug scene, about the physiological, psychological, and legal aspects of drugs. They presented us with all sorts of materials and factual information and told us that we were responsible to bring this information back to teachers and students. However, they didn't tell us how to do it.

They told us not to just lecture to the students, but that is all most teachers know how to do. Just telling them not to do that doesn't teach them how to do something differently.

If the program was to give us factual information about drugs, then it was quite successful. But I understood that it was to do more than that and I don't think it did...

School Administrator:

...I thought that the regional conference was excellent. I learned a lot of factual information about drugs from many perspectives. The consultants were very well selected, for they presented the information in a most acceptable way. It was so good that students, community people, teachers, and school administrators were all working together.

The best part of the program was the scheduling of time, for people from the same counties got together to plan what they could do back in their own communities. We are very fortunate because in our county we really don't have a drug problem. Consequently, drug education will truly be a form of prevention. It's so good that we are doing something about it before it starts...

Teacher:

...I am really happy that I had the opportunity to participate in the regional conference. However, I think it might have been better had more students been involved in the program. Only about 10% of the people there were students. In a sense, they didn't really have a chance to get their ideas across when we were in small groups.

The lecturers were really great. Most of our time was spent listening to the lectures and then we were in groups to plan what we would do when we got back to our own counties.

Another thing that really disturbed me about the conference was the lecturers kept telling us that we are not supposed to lecture about drug information to students and we shouldn't just give them material to read, but that is what they did to us. If they had told us a different way to present this information, maybe we could have gone back to our classrooms to do it. They told us not to do just what they were doing.

When we were in the planning sessions or the small groups talking about what we would like to do when we got back to our counties, a lot of good ideas came out. But we didn't have enough time to plan and we haven't gotten together since the conference.

I don't know what has been done in the area of drug education anywhere but in my own school. I ran a 1½ hour session for the teachers and I've also presented information to my own students. But, we had talked about so many other great things that I don't think ever took place...

LEVEL III COUNTY TRAINING SESSIONS

Program Description

County training sessions took place in most counties, but I learned that in each county the form of training deviated considerably from the design of the state conference. Most of the participants that I interviewed participated in sessions for teachers only and the same was true for students. Consequently, the objectives and methods for each training session in each county differed considerably.

Trainers: County Coordinator

Duration of Training: 5-hour In-Service Training Sessions.

Participants: 35 teachers

Selection Criteria: Mandatory

Objectives:

1) to learn factual information about drugs
2) to recognize our responsibility as teachers to teach students about drugs
3) to provide us with materials to read and pass out to students.

Methods Used:

1) Lectures
2) Films
3) Resource materials, audiovisual aids
4) Small and large group discussions

Resource Personnel:

Experts representing various disciplines which are related to the drug issue were invited to make formal presentations. An administrator from the county administrative office also spoke on the county's commitment to drug education within the schools.

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 106)

Teacher:

> ...It was really just another in-service training program. Drugs are really a serious problem in every community and I think that it is a shame that we don't deal with it any more thoroughly than we did.
>
> I think that we should close down the schools for a week and get experts from every drug related field, ex-drug addicts, drug users, students, parents, school administrators, and everyone working together to see there isn't some way we can help people with drug problems.
>
> I have known students who have been seriously hurt by drugs and nothing that I learned in that in-service training session would have helped me to deal with those types of students more effectively. All the factual information in the world can't help me do that. It takes interaction...

LEVEL III

Program Description

Trainers: County Coordinator

Duration of Training: 20 hours

Participants:

Teachers

Guidance Counselors

Selection Criteria: Attendance mandatory

Objectives:

1) To give the participants an awareness of the pharmacological, physiological, psychological, sociological aspects of drugs.
2) To give the participants an awareness of the problem in the state.
3) To let the participants know that drugs are just a symptom of the problem.
4) To give the participants an awareness of the resource materials available within the school and community.
5) To retrain the participants in the techniques of the value approach to teaching.
6) To give the particpants some alternative solutions to the problem of dealing with the problems of the drug user.

Methods Used:

1) Lectures

2) Audiovisuals (tapes, films transparencies)

3) Resource materials (books, pamphlets, etc,.)

4) Discussion groups

Resources:

Resource materials were provided to the participants for distribution to students.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p.106)

Teacher:

As a trainer, the teacher felt that all the objectives had been successfully met. She attributed this success to the level of involvement the participants exhibited and the loose structure the course design was modeled on. Flexibility was built into the design to allow for alternative approaches to the presentation of drug education in classroom situations.

She felt that the participants were sensitive to the drug problem in their communities, and that this sensitivity would in turn facilitate student receptivity.

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p.106)

Guidance Counselor:

...I learned the actual facts about how the drugs work on the mind and the body. I also learned how little many of the experts in the drug field know. This training taught me how to present alternative approaches to drug education to the teachers in my own high school. I didn't learn, however, how to put it across to the students as well as I would have liked.

I learned that even though students are guite knowledgable about drug facts, they also have a considerable amount of misinformation that must be corrected. I think that this is why a lot of innocent kids get hurt by drugs. They just don't know how complicated the whole issue is. This again emphasizes how important it is for teachers to have the proper information about drugs as well as a healthy attitude toward the whole issue. Many teachers who know the factual information can't get it across to kids because they either confuse the whole issue with morality or they just can't relate to kids on their level...

Teacher:

...I am really pleased that I attended the in-service training sessions. The woman that taught the course was really great. She emphasized the importance of not looking at the drug issue as a moral one and that if we want to help kids with problems, we have to accept the fact that they do have a problem.

A lot of kids who have problems don't use drugs and I guess teachers tend to treat kids who they think use drugs different from those who we know don't use drugs.

I thought the program was really great and I have taught some of my students what I learned. I plan on doing a lot more as well...

LEVEL IV - DRUG EDUCATION WITHIN A HIGH SCHOOL

Program Description

One of the trainees interviewed directed a preventive drug education program which was presented to the 9th and 10th grade students. Nine hundred of them were taking science and biology courses. The teachers were also invited to attend.

Trainer: trained at County Training Sessions by County Coordinator

Participants:

Students	900	
Teachers	20	(approximately)

Selection Criteria:

The program was mandatory for all 9th and 10th graders taking science courses and optional for teachers. The teachers teaching the science courses were to run discussion groups in their classrooms following the one hour formal presentations.

Objectives:

1) to teach factual information about drugs from a miltidisciplinary perspective
2) to develop decision-making skills in the students
3) to change attitudes about drugs in our society
4) to make participants aware of the drug-oriented society we live in.

Methods Used:

1) Lectures
2) Films, tapes
3) Panel discussions
4) Rap sessions
5) Class discussions

Resources:

People knowledgeable and experienced in the drug field were identified to be used as lecturers and as panel discussion leaders. A police officer, a former teen-age addict, convicts from a local correctional institution, and taped interviews with addicts were components of the overall program.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p.106)

Teacher:

> ...I feel very good about the program and about the students reactions to it. Of course, if I did it again it would be done a little differently, but this is the first time I've ever directed an activity of such magnitude.
>
> I do wish that I had received more faculty support. If more teachers here had been involved in the teacher in-service training program I took part in, I'm certain that I would have had more support. However, I must say that the kids were great and really helped me out...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 106

Student:

...It was really great to have teachers and students learning together at the same time. The best part of the whole thing were the discussions we had in class with the teacher after we saw a movie, heard speakers, or something. We all had a chance to talk about what we thought.

It would have been better if there had been more teachers. Sometimes in the lecture hall you felt like you were being watched or something. It would have been good if the teachers, all the teachers, just sat down with us and listened.

The part I like most was when the kids and convicts talked to us. They had all used drugs and they told us how they got in trouble and stuff. I felt really badly for them but now they are trying to get better. It's too bad those guys have to stay in jail so long.

The best way to learn the stuff was to go to the lecture and then go back to class and discuss everything. Kids really have a lot of different feelings, teachers too, and it's good to hear all that...

Student:

...I really learned a lot of things I didn't know before about drugs. You know, a few years ago I smoked some grass with my brother. He's about three years older than me. He said that nothing would happen. I smoked it with him a few times after that. Like, I did it just a few months ago. Well man, if you get caught you can really go to jail. Some guys came here to talk with us and they were in jail for just doing that. Man, it really isn't worth it.

In class we had three neat rap sessions after people told us stuff. Those discussions were great because you could talk about anything. My teacher really didn't mad or anything. We just said how we felt. It would be great if we could do that in other classes. I know you couldn't do it all the time, but when you really want to know something or say something you think is important, it would be great if we just could - like we did about drugs.

There are a lot things we could learn about in school if they would let us. Like about college, God, sports, and stuff. You know, those things you think about and wish you know about...

Student:

...I thought this thing about drugs was far out. Everyone should know about drugs. There are so many drugs people take all the time. Even the ones TV says are good can really be bad. It's not only the ones that you can go to jail for that are bad.

The teachers liked it too. But you could tell that some teachers just wanted to know if we took drugs. That kind of spoilt it. Not all teachers were like that. Some teachers love to rat on you. You know what I mean.

I've told my parents about this and they read about it in the paper too. There was a big story on what the guidance counselor did. She is really a neat teacher. All the kids really like her. We kind of helped her out at the beginning.

Man, if all teachers were like her, no one would do the crazy things they do like drugs and stuff...

FLORIDA

THE FLOW OF PURPOSES AMONG LEVELS

Level I	Level II	Level III
1) To give the participants a broad picture of the drug scene, including the physiological, psychological, legal, sociological, and pharmacological implications of drug use.	1) To give the participants factual information on the pharmacological, physiological, legal, sociological, and psychological aspects of drug use.	1) To give the participants an awareness of the pharmacological, physiological, psychological, sociological aspects of drugs.
2) To involve school pe personnel in complying with the emergency School Board of Education regulations embodied in the law passed that all elementary students, K-12, be exposed to drug education materials.	4) To make the participants aware of the role of the school in combating the drug problem.	4) To give the participants an awareness of the resource materials available within the school and community.
3) To carry out a program of awareness of the drug scene throughout the State.	2) To make the participants aware of the drug problem in the state and local communities.	2) To give the participants an awareness of the problem in the state.
4) To help the participants design a systematic approach to effective dissemination of drug related materials.		

FLORIDA

THE FLOW OF PURPOSES AMONG LEVELS (continued)

Level I	Level II	Level III
	3) To teach the participants that the drug problem is only a symptom of a larger problem.	
		3) To provide teachers with materials to read and pass out to students.
		5) To re-train the participants in the techniques of the value approach to teaching.
		6) To give the participants some alternative solutions to the problems of dealing with the problems of the drug user.

OBSERVATIONS OF INTERVIEWER

The State Department of Education in Florida did send a team to be trained at the Wisconsin National Training Center. It was reported in the anecdotal data that the director had already designed the program prior to the training of the ten-man team. This seemed to discourage some teams from sharing as many ideas as they would have liked, due to the fact that they didn't feel they would be openly accepted.

The regional coordinators chosen to direct the regional training sessions were all university professors. They perceived their role as administrators as did the county coordinators. They felt they were primarily responsible to report to the State Department of Education what was being done within their respective areas. It did not seem evident that they perceived themselves as change agents, innovators, or organizers of programs. Their role was primarily that of administrators who would record activities and respond to needs by assigning tasks. This apparently narrow definition of role seemed to stagnate the involvement and encouragement of those teachers and other community professionals reporting to these administrators.

Florida reported that they trained individuals in teams, but none of the individuals interviewed reported that he or she was a member of a team. They seemed to be divided into training groups merely by geographic location. There was no evidence of anyone functioning as a member of a team.

It was reported that groups of individuals apparently ran workshops. However, these individuals were identified by a description of a role and/or definition of a function performed.

Further training in the area of the team approach, group process techniques and organizational development skills, is essential if the program design includes by definition the use of teams to accomplish the stated objectives.

There was lack of adequate time for feedback - for learning from experience. The entire design was implemented too rapidly. Everything seemed to happen at once, e.g., all regional training sessions took place between October 14, 1970 and November 20, 1970. There seemed to be little or no time for regional directors to share problems, innovations, successes, etc. There should be time for digestion of information, sharing of experiences, concerns, and successes.

In a few communities visited, some exciting programs were being conducted on the junior high and high school levels. However, too many 1 to 3 hour one-way informational lectures were presented to large groups of students, literally hundreds at a time, to convince me that the overall program design could be achieving its objective of "providing the participants with a broad picture of the drug scene, including the physiological, psychological, legal, sociological, and pharmacological implications of drug use."

THE MULTIPLIER PROCESS IN THE STATE OF GEORGIA

Dates of Interview Visits:
May 3, 4, 5, 6, 7

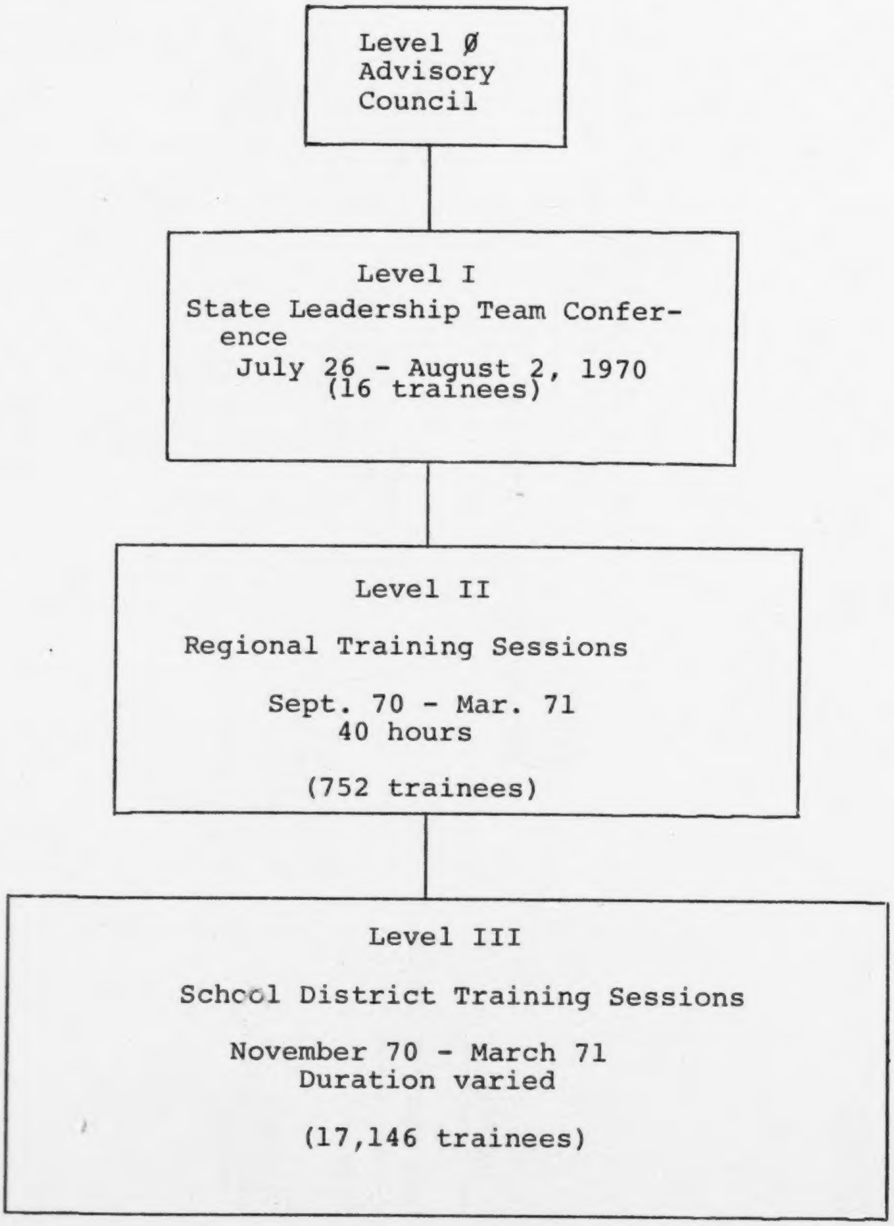
DESCRIPTION OF GEORGIA PROGRAM DESIGN MAP

The Advisory Council Members on Level 0, as seen in the Program Design Map, were the trainers of the state conference. The state conference, Level I, was designed to train university professors and these fifteen university professors, or the members of the state leadership team, then designed university graduate courses which were given at local universities throughout the state. Those individuals who took these courses were the participants of Level II, regional training sessions.

Level III, or school district training, was directed by the trainees of the regional training sessions, Level II. As will be learned through reading the reported data, the formats for training on Level III varied from one community to another throughout the State.

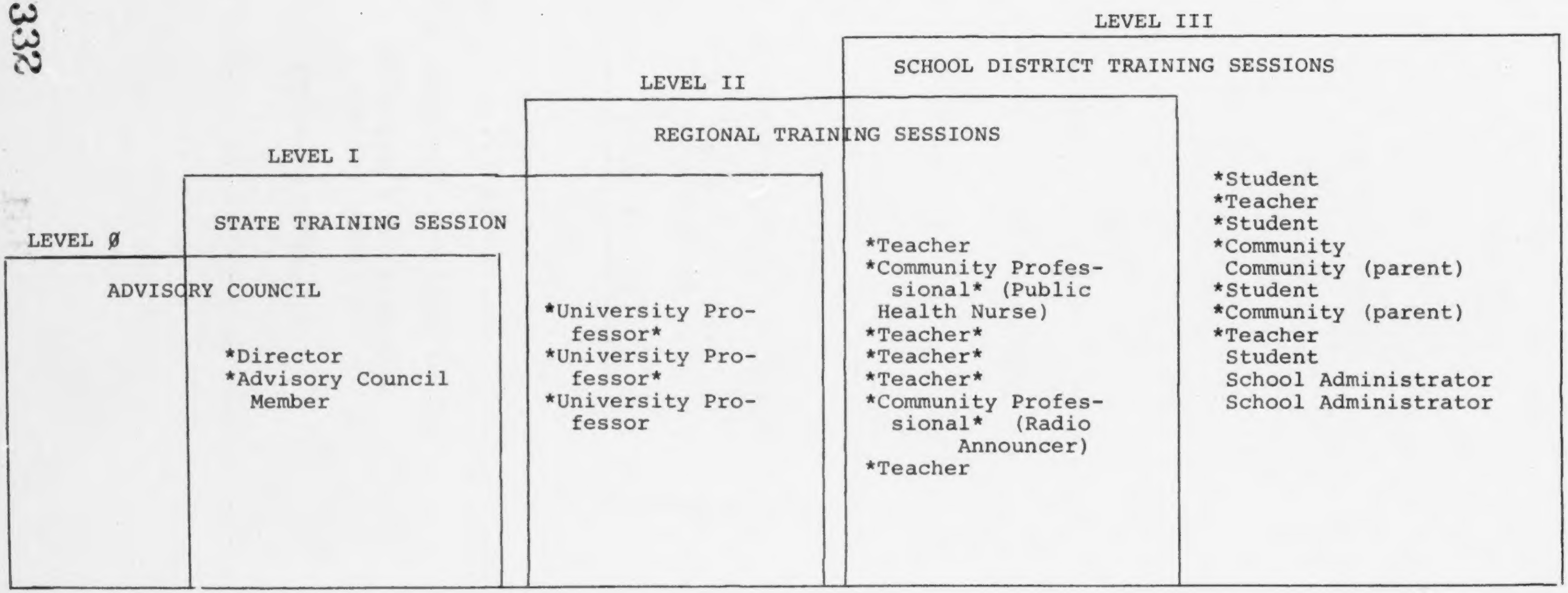
GEORGIA

PROGRAM DESIGN MAP


Level 0
Advisory
Council
Level I
State Leadership Team Conference
July 26 - August 2, 1970
(16 trainees)
Level II
Regional Training Sessions
Sept. 70 - Mar. 71
40 hours
(752 trainees)
Level III
School District Training Sessions
November 70 - March 71
Duration varied
(17,146 trainees)

RELATIONSHIPS OF SUBJECTS INTERVIEWED
GEORGIA

*Before title indicates subject served as trainee at that level.
*After title indicates subject served as trainer for next level.


LEVEL 0
ADVISORY COUNCIL
*Director
*Advisory Council Member
LEVEL I
STATE TRAINING SESSION
University Professor
University Professor
*University Professor
LEVEL II
REGIONAL TRAINING SESSIONS
*Teacher
Community Professional (Public Health Nurse)
Teacher
Teacher
Teacher
Community Professional (Radio Announcer)
*Teacher
LEVEL III
SCHOOL DISTRICT TRAINING SESSIONS
*Student
*Teacher
*Student
*Community
Community (parent)
*Student
*Community (parent)
*Teacher
Student
School Administrator
School Administrator

PROGRAM PREPARATION

In the summer of 1970 after the director of the State Drug Education Program had been appointed, it was decided by the director and other personnel of the State Department of Education that a team would not be sent to be trained at any of the four National Drug Education Training Centers.

An advisory council was formed by the director of the state program which was comprised of individuals who would represent all of the state agencies presently involved in dealing with the drug dilemma within the state. This interagency advisory council defined the objectives for the state conference which was the initial training session for the State Drug Education Training Program.

LEVEL I - STATE CONFERENCE FOR STATE LEADERSHIP TEAM

Program Description

Trainers: Advisory Council (director)

Duration of Training: 8-day live-in

Participants: 15 university professors - State Leadership Team.

Selection Criteria

The state coordinator sent a letter to the deans of all colleges in the state asking them to identify possible trainees. All trainees were to have been involved in the drug scene in some way. There was only one college that did not send a representative.

Objectives:

1) To make varied college professors more knowledgeable about the total drug scene from a multidisciplinary approach.
2) To disseminate factual information in sociology, psychology, pharmacology, education, health, law, penology, and the community drug-related subculture.
3) To develop an awareness of the nature of the problem in Georgia - project the scene as it is - a proper perspective of Georgia's own scene.
4) To acquaint the college professors with techniques to use to work with and toward the solution of problems - rap sessions, dealing with drug abuse on the local level, philosophical approach to education.
5) To explain to the professors the total plan for Georgia; to make them familiar with the resources available within the state: State Department of Education, local and state interrelated drug agencies, preventive treatment, rehabilitation.

Methods Used:

1) Lectures
2) Group interaction
3) On-site visit
4) Resource materials - evaluation of curriculum materials such as films, tapes, pamphlets, etc.

Resource Personnel:

Lectures and other forms of appropriate presentations were given by lawyers, law enforcement personnel, doctors, educators, former drug addicts, and individuals involved in the youth subculture. These consultants were available for informal discussion following their presentations.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 136)

A member of the advisory council felt that the council was successful in reaching its overall objectives. He felt that one objective which they fell short of achieving was that of exposing the participants to innovative teaching techniques that could be utilized on the regional level. Due to the fact that a consultant skilled in the area of group dynamic techniques was not hired, the trainees were not exposed to a resource that would have facilitated the achievement of this objective.

Again, the major emphasis of the training was the dissemination of factual information from a multidisciplinary perspective as well as the development of a realistic awareness of the drug subculture and its components as can be seen within the state.

The state director believed that a problem developed from the selection that was made of the university professors who were the trainees at the state conference. Three of the fifteen professors trained did not return to their regions to conduct further training sessions. The reasons given were either that the professor himself felt inadequate to do so or that the advisory council did not feel that the individual professor's attitude toward the training he had received would be conducive to the achievement of the state program's overall objective. This objective was to provide teachers, students, and community people with the tools to deal effectively with the drug dilemma as it relates to individuals as well as the total community.

TRAINEES' PERCEPTIONS OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 136)

University Professor:

> ...The state conference provided us with the information we needed to conduct the regional workshops. It was mostly factual information about drugs and the kids that use drugs.

It was really hard for the lecturers to convince all of us that we had any relationship to the drug problem. Meeting the lecturers pointed us to resources we could use to conduct the regional workshops.

The conference changed my attitude toward drug users somewhat. I really don't know what part I play in the whole thing. The conference was good in terms of teaching me a lot about drugs and helping me understand it a little better.

Since there were only fifteen of us at the lectures, we were able to ask questions and discuss the topics. This was really good because, if there had been more people in the audience, we would not have had the opportunity to learn as much as we did.

Without this conference, I would not have done the things that I have done. I would have had no idea of how to start. Now I can back myself up with factual information.

When I said that I would go to the state training session, I had no idea that I would have to go back to my university to teach two courses. I think we should have known that this is what the State Department (of Education) expected of us before we even went.

I would like to say that if the State Department were going to do this again, they should: 1) give us the state leadership team, the 15 university professors, more instructions as to what they want us to do at the regional workshop, 2) teach us how to do what they wanted us to do, 3) teach us how to function as a team so we can train others in teams like they want us to do.

I think that this year was just a beginning. I learned from my own mistakes. I need to know a lot more about how to do the things they want us to do, and the things I want to do. I hope we can learn from the mistakes we made...

University Professor:

...The director was most successful in achieving his objectives. This was primarily due to the fact that the people who went to the conference did not have any personal or emotional biases about drugs. We were all relatively ignorant about the drugs that kids use so we could just accept the facts as they were presented to us.

Many excellent resource people presented lectures to us. They made good presentations and it was our responsibility to build on what we learned from them.

One of the people who spoke to us was a doctor who works with kids that use drugs. He has a house right in Atlanta where the kids come for help and hang around. They live there too. The whole group of us went to visit this place after the doctor told us what he was trying to accomplish and how he was doing it. After seeing the really sick kids on the street and in the house, some of the professors felt that there was nothing anyone could do, that they really didn't want any part of it.

When someone feels that the situation is hopeless, they oftentimes just withdraw and reject the possibility of having any positive effect on helping with the problem. In our program this on-site visit weeded out the people who felt that they were really unable to deal with the whole drug scene. For others, this visit really allowed them to realize how important it is that we get really involved with dealing with the whole problem.

This was a very moving experience for me because in that house I met a student who was really messed up by drugs. He was a student that I had had in class a year ago. In class he did well, he was on the baseball team and appeared to be a guy who was very sure of himself. I began to wonder if I could have done anything to prevent him from getting where he is now. Maybe if I had tried to get to know him better then, helped him out with things that may have been bothering him, maybe he wouldn't be where he is now.

I also feel that the lectures were too long. If it hadn't been this way, there would have been more time for group interaction. We would have had an opportunity to get to know each other better and this is what we really needed...

University Professor:

...The cognitive approach to the drug problem from a multidisciplinary perspective is the only one that works and this is what we do. We developed a team (group) of people who are very well-informed of all the facts concerning the drug issue.

The on-site visit was most worthwhile because it made me aware of the realness of the drug problem. I felt so badly for those kids who have ruined their lives through drugs.

I think that if everyone, kids and parents, knew about the effects of drugs, that is, medical and legal, we would not have the problem that we have. I don't think it's all that important to look at why kids take drugs; it's that they do that's important. We have to teach kids to learn from the troubles of their friends.

I think the state conference taught me some things, but I had the same ideas about drugs and kids before I ever went to it. The only way we can deal with the problem is from a factual point of view. That is the way we looked at it at the state conference and that is why it was so good. This is the approach to the entire State Drug Education Program, the common philosophy of the state leadership team, and for this reason the program has been most successful throughout the state...

LEVEL II - REGIONAL TRAINING SESSION

Program Description

Trainers: State leadership team, university professors.

Duration of Training: One academic semester, 40 hours, 3 credit graduate course.

Participants:

Students	20%
Teachers	60%
Community professionals, nonprofessionals (parents) at the request of the State Department of Education.	20%

Selection Criteria:

The local school superintendents, at the request of the State Department of Education, sent out letters informing school principals within their district of the program. Teachers, students, and community people who were interested were informed that they would receive three graduate credits for the course which would be taught by a professor from a local university. The name of the university sponsoring the course in the district was given. Final selection for course participation was made on the district level.

Objectives:

1) To give factual information from a multidisciplinary perspective.
2) To bring about positive attitudinal changes.

3) To assist in the planning for the implementation of the drug education program.
4) To acquaint individuals with materials available - factual information.
5) To expose them to workshop materials - films, resources.
6) To expose them to guest speakers.
7) To get them to realize their responsibility to disseminate this information.
8) To get them to come up with a probable solution to the problem - preventive and rehabilitative measures the best we can do.

Methods Used:

1) Lecturers, questions and answers
2) Guest speakers - consultant-lecturers
3) Audio-visuals - evaluation of
4) Large group discussions
5) Small group discussions
6) Some group dynamics
7) Resource materials

Resource Personnel:

Consultants from local levels were hired to serve as guest speakers. The university professors taught the course at the expense of the university. However, travel expenses for these professors were paid through the state drug education program funds.

EVALUATION OF TEAMS' SUCCESS OR FAILURE IN REACHING TRAINING OBJECTIVES

The subjects interviewed were individual university professors who attended the state conference. They were not trained to function as a team, but as individual professors teaching a course within the university system.

Subjects Interviewed (See table, p. 136)

University Professor:

> ...I thought I was relatively successful in reaching my objectives. What I did was to present factual information to my students, the trainees, and then they were to develop a plan to bring back to their community.
>
> The students seemed to be interested in the topic. I invited consultants in to speak on their specialities as they related to the drug problem. A doctor, a lawyer, a pharmacist, college students, and someone from the State Department of Education all came in to speak to my students. They seemed to enjoy this and I feel that having these lecturers come in was the most advantageous thing I did. I could have never presented the information from all of those areas as well as they did. This was the first time I ever did that in any of my graduate classes.
>
> The teachers and the high school students that were in my class couldn't really communicate as well as I had hoped they would. In a way, it seemed like the youth and adults look at every issue differently. Sometimes, in fact most of the time, I did the talking and when I broke the class into two groups, I would have the teachers and community people in one group and the students in another. After, I would have them report the groups' reactions to issues. I did this because the other way too much time was wasted on little issues that they couldn't agree on.
>
> I am not sure what the students I trained are doing now because the course is over. I know they had plans to do some different things. Some of the students decided to work together and others said they would do projects on their own. All I know is that each one of them had to plan on doing something...

University Professor:

...I don't know how successful I was in achieving my objectives. I did the best I could. I played the tapes I had of the lectures I heard at the state conference. The students took notes and discussed the facts presented by the lectures. I also gave lectures to clear up some of the information presented on the tapes in the area of physiology. I was well equipped to do this since my background is in biology.

The high school students who took the course did not do as well or contribute as much as the adults. The information seemed to be too complicated for them. This could have been my fault because I really didn't know how to use them that well. It was very difficult for me to give everyone the same information when the youth were there. Yet, the youth were an important part of the course.

I think that if I had learned more about how the State Department of Education wanted me to do what they asked me to do, it would have been a better course. I just did the same thing to my students as they had done to me. The state conference director didn't have to deal with all the problems I had to deal with. You see, at the state conference, we were all university professors and in the regional workshops we had teachers, high school students, and community people. I also didn't have the resources available to me that the director of the state conference had. I didn't have the money to hire consultants or as many resources to utilize in our community as the director had in Atlanta, the major city in the state.

I think our training was good, but when you consider what the Advisory Council and the State Department of Education wanted us to do it wasn't good enough...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 136)

Teacher:

...Before I took the course at the university, I had no idea of how serious and complicated the drug problem really was. I learned of the problem within the state and especially in our own town through the various consultants and the excellent resource materials, such as, books, articles, films, etc., that the professor gave us.

The discussion groups were good because you had a chance to hear about how other people felt about drugs and about the law. It was very obvious that the high school students and young teachers had real different attitudes than some of the older people. In a way, I wish that had not happened because you hate to see the generation gap in action. In fact, it really gets me mad because I know that age really should have nothing to do with problems like these.

I think that the consultants or people who came to speak to the class should have been screened or something. Some of them were really bad. They just presented fact after fact, gave their opinions all the way through the lecture and then didn't give us a chance to give our opinions about what they were saying. The next time we got together, that is, a week later, we could share our opinions but by that time you forgot the gist of your reactions.

But, I still think the course was really good. I feel as though I learned an awful lot that I can share with my 7th grade students...

Community Professional: (public health nurse)

...I feel that there should have been more students in the course. Maybe I should say 'youth' because we were all students in a sense.

> These are the people we really have to educate. It seems to take so long for teachers to learn something, then for them to learn how to teach that and finally, for them to do it. But, when you teach a group of students something they and their friends want to learn about, they can spread it faster to other students than teachers can.
>
> Teachers and adults have a way of talking together so that students can't really get into the conversation. This happened a lot in our class.
>
> The guest speakers were really good and they taught us a lot about the facts. This is really important to know.
>
> I'm really glad I took the course. It is so important to try to help people with problems. All these big social problems we have has to do with the fact that we don't help people enough. We just don't seem to be good enough to each other. Maybe this program can be a beginning...

After the university professors conducted the 3-credit, 40-hour + graduate course on the regional level (regional training) these trainees (students, teachers, community people) returned to their own communities to conduct various types of training sessions within local districts and local high schools.

Some of the activities which were directed by Level II trainees will be described along with the comments of their trainees.

LEVEL III - SCHOOL DISTRICT TRAINING SESSION

Program Description

Trainer: Teacher who was trained at the national level.

Duration of Training: 1 1/2 hours.

Participants: All teachers in the high school.

Selection Criteria: Mandatory for all teachers.

Objectives:

1) To present factual information about drugs.
2) To inform them of the dangers of drugs.
3) To stress the importance of not moralizing.
4) To provide them with resource materials to share with their students.

Methods:

1) Lectures
2) Resource materials

Resource Personnel:

Teacher: "I did it alone."

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 136)

Teacher:

> ...I think I did a good job and feel that I accomplished as much as I could in the time I had. It would have been much better had the teacher been able to take the course sponsored by the university as I did...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subject Interviewed (See table, p. 136)

Teacher:

> ...I would not really consider this any type of training. A fellow teacher merely presented us with some information about drugs, told us where to go for more information if we wanted it, and told us what she was going to do in her classes. It was interesting but I really didn't learn anything I didn't already know...

LEVEL III - SCHOOL DISTRICT TRAINING SESSION

Program Description

Trainer: Teacher trained on Regional Level (Level II)

Duration: 15 hours of training.

Participants: 530, 7th grade students.

Selection Criteria: Mandatory for all 7th grade science students.

Objectives:

1) To present factual information about drugs from all areas e.g., legal, medical, social.
2) To teach students the dangers of drugs.
3) To facilitate the students' decisions not to take drugs.

Methods:

1) Lecture (question and answer)
2) Films and tapes

3) Large group discussion
4) Small group discussion
5) Assignments to be done in teams
6) Tests on factual information

Resource Personnel:

It was all the materials I got from the university when I took the course. I also had copies made of some of the material for the students. I established a section in the classroom library on drugs so the students could bring in material they read in magazines as well.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN OBTAINING OBJECTIVES

Subjects Interviewed (See table, p. 136)

Teacher:

> ...The students really learned a lot about drugs that they didn't know before. I found them most interested in the topic for they were very willing to discuss the issue. They also were anxious to make materials, that is, posters and write stories to share with other students who weren't in the class...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 136)

Student:

> ...I knew more stuff about drugs but there was a lot to learn and she taught me a lot I didn't know.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN OBTAINING OBJECTIVES

Subjects Interviewed (See table, p. 136)

Community:

> ...I really can't evaluate the whole program because each member of the team (1 student, 2 teachers, 1 community person) presented a different lecture and we didn't always go to each others. However, I did get a letter from one of the mothers saying that they enjoyed the program very much...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

No trainees interviewed.

LEVEL III - SCHOOL DISTRICT TRAINING SESSION

Program Description

Trainer: Teacher trained on the regional level

Duration of Training: 5 hours

Participants: 27 elementary school students

Selection Criteria: Mandatory for those in the class.

Objectives:

1) To make them aware of drugs.
2) To teach them factual information.
3) To teach them to make decisions concerning drugs.
4) To take information home to parents.

Methods:

1) Lecture (questions and answers)
2) Teacher, student discussions
3) Show and tell

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 136)

Teacher:

...I believe that the measures I took were preventative. The students seemed to be most interested in the topic and I think this is because I tried not to make any value judgments about drugs and drug users. I gave them the information and asked them to think about these things. For many of these students, this was the first time they ever thought about drugs, much less how drugs affect themselves and others.

I feel that drug education is badly needed and that more teachers, parents, as well as the students have to learn about drugs and the role they play in our lives...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 136)

Student:

...I think our teacher wanted us to learn that he doesn't want us to take drugs because they can kill you if you take an overdose, that people are only supposed to take drugs when they need them, that some drugs are legal and some are illegal, and that just because some people take drugs that doesn't mean that we can or that we should.

I think that it is good to talk about drugs and learn about drugs because we might really hurt ourselves badly without even knowing that we are, if we don't know about drugs.

I told my family all about what we learned in class and my mom and dad think that it is really good that our teacher teaches us about this stuff. My mother didn't know all about what he said until I told her. My mother wants our teacher to tell all parents and all the students in the school about drugs. She thinks that would be really good...

GEORGIA

THE FLOW OF PURPOSES AMONG LEVELS

LEVEL I	LEVEL II	LEVEL III
1) To make varied college professors more knowledgeable about the total drug scene from a multidisciplinary approach.		
2) To disseminate factual information in sociology, psychology, pharmacology, education, health, law, penology, the community drug-related subculture.	1) To give factual information from a multidisciplinary perspective. 4) To acquaint individuals with materials available, factual information.	1) To disseminate factual information about drugs.
3) To develop an awareness of the nature of the problem in Georgia - project the scene as it is - a proper perspective of our own scene.		2) To inform them of the dangers of drugs.

GEORGIA

THE FLOW OF PURPOSES AMONG LEVELS (con't.)

LEVEL I	LEVEL II	LEVEL III
4) To acquaint them with the techniques to use to work with and toward the solution of problems: rap sessions, dealing with it on the local level, philosophic approach to education.	3) To assist in the planning for the implementation of the drug education program. 7) To get them to realize their responsibilities to disseminate this information.	
5) To explain the total plan for Georgia: to become familiar with the resources available within the state - State Dept. of Ed., local and state interrelated drug agencies, preventive treatment and rehabilitation.	8) To get them to come up with a probable solution to the problem, preventative and rehabilitative measures.	
	2) To bring about positive attitudinal changes.	3) To stress the importance of not moralizing.

GEORGIA

THE FLOW OF PURPOSES AMONG LEVELS (con't.)

LEVEL I	LEVEL II	LEVEL III
	5) To expose them to workshop materials, films, resources.	4) To provide them with resource materials to share with students.
	6) To expose them to guest speakers.	

OBSERVATIONS OF INTERVIEWER

The decision not to send a team to a National training Drug Education Center was one made by the director of the state program along with other personnel from the State Department of Education. Some of these decision-makers had attended a National Drug Education Conference in Chicago during the spring of 1970 and upon returning to their home state felt that they could identify a sufficient number of in-house experts to design and implement the state drug education program without spending the money to send a team to a National Training Center.

Consequently, the advisory council was formed to design and implement the state drug education program. The state conference, designed to train fifteen university professors, was the first so-called training session. The impression was that, at this point, having university professors alone interacting during the learning process was a decision which hampered the achievement of the overall objective, which was to train students, educators, and community people. The most effective way to train people is to have them experience what the training is designed to achieve. The consultants were knowledgeable in their respective fields and apparently accomplished their goals. However, there was obviously not a balance of content and process. This can be learned through reading the comments of the university professor, whose task it was to design and direct the regional training sessions which were graduate courses being offered through the Department of Education in respective universities or colleges.

In the fall of 1970, the second phase of the state program unfolded, that is, the drug education courses were being offered at various universities. Each of the professors, in a sense, did their own thing, i.e., after the state conference, they went back to their respective universities to conduct their graduate courses. It is here, at the onset of the program, that it is evident that the concept of the team approach did, in fact, not take place. Theoretically, or on paper, it was stated that all trainees were being trained in teams but there is no evidence of this.

Students, community people, and educators were invited to participate in these courses. All categories of trainees indicated that some students appeared to be reluctant to participate in a graduate course that was being offered to teachers. Students could understandably feel inferior prior to any interaction. The same held true for some community nonprofessionals. In a sense, there was almost a built-in exclusion of people not formally educated through our college educational system.

These students, educators, and community people identified to participate were from local school districts, or the same geographic areas. However, it was not mandatory or strongly suggested that all team members be assigned the task of designing a drug education program to implement upon returning to their own communities. For the most part, the participants interviewed returned to their communities to do their own thing again as did the university professors.

The types of activities they designed were primarily a one-man show, i.e., teachers worked with other teachers and students. Students trained in the regular sessions, working on the community level with other teachers and community people, were not identified and were not interviewed.

Further training in group dynamic techniques or how to work with various professional categories for the purpose of achieving the overall objectives of the program would be strongly recommended. Most subjects interviewed on all levels stated this need. In the discussion of this need with members of the advisory council, the council members indicated that this type of training will be planned. The primary activities recommended are:

1) Training in group dynamic techniques at all levels;
2) Training in the development of organizational techniques for community projects on all levels;
3) Designing follow-up and feedback sessions;
4) Developing the team building concept and training of participants actually to function in teams following training.

THE MULTIPLIER PROCESS IN THE STATE OF MAINE

Dates of Interview Visits:
April 13, 14, 15, 16

DESCRIPTION OF MAINE PROGRAM DESIGN MAP

Maine's Program Design Map shows us that a team was sent to the Adelphi National Training Center. This team returned from Adelphi to implement a program modeled after the training it had received. The director of the state program, along with the other team members and hired consultants, served as trainers at the Level I state training sessions.

Level II, community and school district training sessions, were run by the trainees of the state level sessions. These trainers modeled the sessions after the training they had received.

The trainers of Level II training, in turn directed the Level III or local community training sessions. Support was received from the trainers who had trained them. Page of this state report shows another map of some of the activities which took place on Levels I and II.

MAINE

PROGRAM DESIGN MAP

Level 0
ADELPHI

Level I

State Training Sessions
Nov. 1970 - Mar. 1971
7-day live-in

(199 trainees)

Level II

Community and School District Training Sessions
Dec. 1970 - April 1971
Duration - varied

(341 trainees)

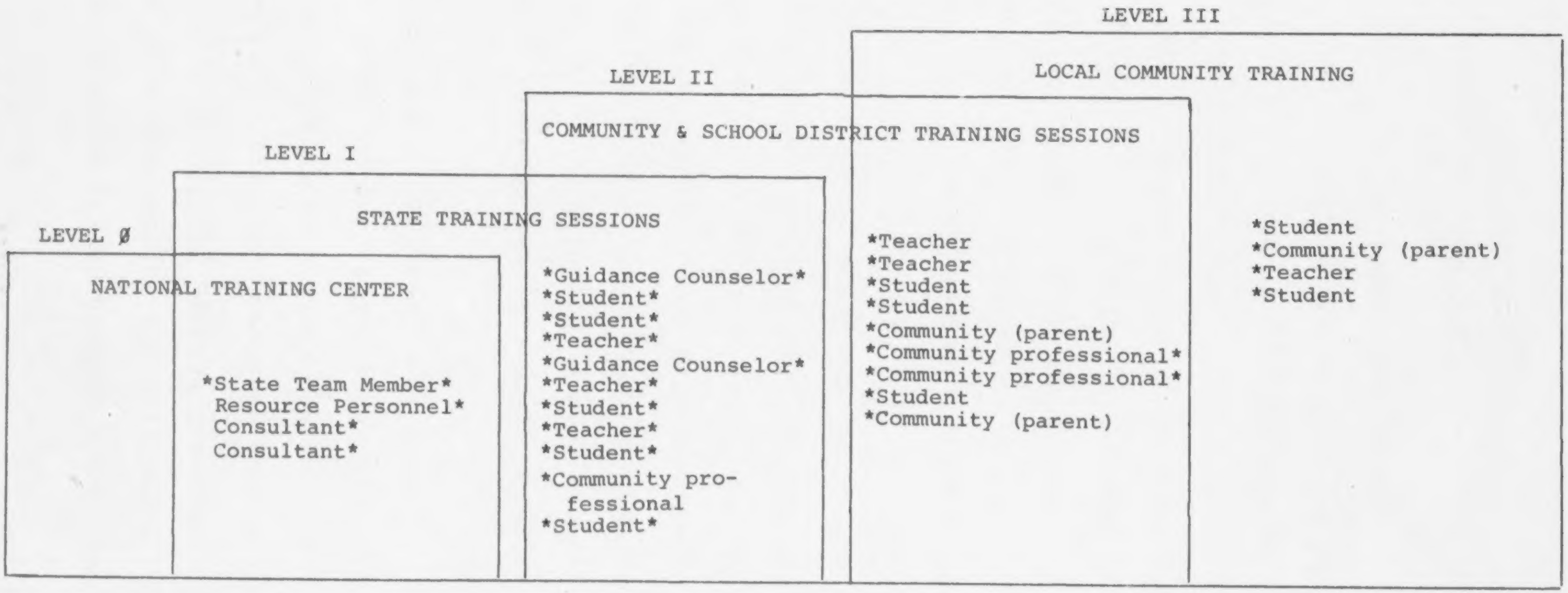
Level III

Local Community Training Sessions
Dates not reported
Duration - varied

(number of trainees not reported)

RELATIONSHIPS OF SUBJECTS INTERVIEWED
MAINE

*Before title indicates subject served as trainee on that level.
* After title indicates subject served as trainer for next level.


LEVEL Ø
NATIONAL TRAINING CENTER
State Team Member
Resource Personnel*
Consultant*
Consultant*
LEVEL I
STATE TRAINING SESSIONS
Guidance Counselor
Student
Student
Teacher
Guidance Counselor
Teacher
Student
Teacher
Student
*Community professional
Student
LEVEL II
COMMUNITY & SCHOOL DISTRICT TRAINING SESSIONS
*Teacher
*Teacher
*Student
*Student
*Community (parent)
Community professional
Community professional
*Student
*Community (parent)
LEVEL III
LOCAL COMMUNITY TRAINING
*Student
*Community (parent)
*Teacher
*Student

PROGRAM PREPARATION

During the summer of 1970, three individuals were selected by the State Department of Education to attend the Adelphi University National Drug Education Training Center. Upon returning to the state in August, they began the implementation of the program design they had drawn up at Adelphi.

One of the state team members trained at Adelphi decided not to remain with the project. The other two state team members began to put the design into operation. They were assisted by the commitment and professional expertise of the secretary who also had administrative abilities. Two trainers on the Adelphi team were hired to serve as process consultants. Other individuals with training expertise were also hired to function as group leaders at the 7-day live-in training sessions held in Poland Springs, Maine. The first of the three state training sessions began on November 1, 1970.

Following these three state level workshops, feedback conferences were held for teams within various regions of the state. These 1-day, 9 1/2 hour conferences were designed explicitly for retraining, discussion of community program designs, problem solving, discovery of alternative approaches, and other various organizational development techniques and group dynamic techniques.

LEVEL I - STATE TRAINING SESSION

Program Description

Trainers: State Team trained at National Training Center, and consultants identified by the state team.

Duration of Training: 7-day, live-in sessions.

Participants:

Students	40%
Educators	30%
Community professionals and non-professionals (parents)	30%

Selection Criteria:

The state team established criteria for the selection of all categories of participants. Letters were sent to local school district superintendents requesting them to select potential district trainees in accordance with the criteria which the state team had established. The team from each district should include:

a. A teacher who is young, and who understands the youth culture.

b. A classical teacher who is very much a part of the school establishment.

c. A student who is typical of the student body.

d. A student who might be suspected of being a drug user.

e. A community representative who is involved with youth in either a professional or social capacity.

Objectives:

1) To expand the Adelphi University philosophy of drug education.
2) To give the participants up-to-date factual information on drug use and abuse.
3) To instruct the participants in program development, in community-school action programs, in alternative strategies to implement program designs, and in functioning effectively as a team.
4) To give the participants the necessary skills to be able to identify resources in their communities, to put into operation community program designs.
5) To enable the participants through the development of the following skills: problem sensing, problem solving, utilization of group dynamic techniques, implementation of organization development techniques.
6) To allow the participants to become aware of their own humanistic needs, as well as those of others.
7) To expose the participants to innovative classroom teaching techniques.

8) To develop skills in specific methodology for screening and evaluating drug materials.

Methods Used:

1) Lectures
2) Films
3) Video-tapes
4) Group dynamic techniques (role playing, trust walk, fish bowl, scaring concerns, alter ego, non-verbal communication, prescriptions, descriptions, monads, dyads, triads, talking behind your back, rap sessions, etc.)

Resource Personnel:

Consultants in the areas of pharmacology, physiology, psychology, sociology, law enforcement, social work, and drug addiction were invited to present factual information in their areas of competency. Members of a resource consulting team functioned as group leaders and directed the group dynamic techniques as well as the organizational development techniques.

TRAINERS JUDGMENT OF SUCCESS OR FAILURE IN OBTAINING OBJECTIVES

Subjects Interviewed (See table, p. 165)

A state team member felt that the team was successful in reaching its objectives. He attributed this success to the identification of the excellent resource persons who served as consultants and lecturers. The processes utilized in the training proved to be most effective in terms of achieving the desired effects.

> ...The training I received at Adelphi broadened my perspective of the various alternatives which could be studied and operationalized in order to achieve our program objectives. I believe our program uniqueness can be attributed to our flexibility. Each workshop has been more effective than the one preceding it. The program has been increasingly far-reaching due to trainee or participant feedback which has been so constructively shared and openly accepted.
>
> Considering all these factors, the true commitment of all the resource personnel, regular staff, and trainees, the program could be nothing but successful. There is still much that has to be done. We will expand our design, for we have up until this time and this recognition of growth is our most valuable asset.
>
> I, along with other State Department of Education personnel, feel that this program has been the most effective in-service training program our teachers have ever had the opportunity to participate in. The feedback of teachers and school administrators has been so very encouraging.
>
> I feel that it is the balance of the content and process which has allowed for our success. Teachers, students, school administrators, and community people, have so very much in common. It is the commonality which we try to emphasize. The human relations approach facilitates our capitalizing the many similarities people share. We build upon the individual's personal, as well as professional, strengths...

A consultant interviewed felt that this program was the most dynamic he had ever been involved in.

> ...I have never experienced such a strong feeling of concern, empathy, love, and appreciation. All of the staff and the parti-

cipants seem to be working so arduously toward common goals. Hassles are just faced, dealt with, and dissipated. It's a beautiful thing to be part of...

Consultant:

...The data reported through the utilization of pre-test, post-test instruments was most encouraging, that is, to both the participants as well as the team itself. We have felt very encouraged at the amount of factual information gained by our participants after just one week of training.

I don't feel that the state drug education program can be looked at as a panacea for the answer to all drug-related problems, but I do feel that it is answering many personal, professional, and academic needs of individuals from all age brackets, socioeconomic levels, colors, professions, life styles. It is doing something and that something is needed in our society, in our communities, in our lives...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 165)

Teacher:

...I enjoyed the training. It was the best thing that has ever happened to me. At one time, I was most concerned about the 'student-teacher gap.' Now I know that there is no such thing. There is only a communication gap if you let one be there, if you build one. It was worth more than all the college courses I've ever taken. I can walk into any class now and be a real teacher. Three months ago I didn't know what a real teacher was.

We truly got to know and understand ourselves in a different way. It has built up my self-confidence. It freed me of my inferiority complex. I'm so very happy about this.

When I got back here at school, I was

so afraid that I'd get back into the rut I was in before. It's now been over a month since the training and I'm still holding my own. I don't ever want this to go away.

If there could have only been more time spent there. The whole thing went by so terribly fast.

Could you imagine if every teacher went through this training and learned what I learned? That would be something else! You know, that would really be a great idea. Two weeks before school starts if teachers, students, parents, principals could get together, go away like we did and plan the year to come and get to know and love each other as we did. That is really a dream!

I really did learn a lot of stuff about drugs. Like I mean, real factual information. That is very important to know, but it can't compare to the importance of one getting to know himself and others...

Teacher:

...At first, I tried to figure out what was happening. I knew community people were going to be at the training session, but I couldn't figure out what they would be doing there. I guess I just didn't know - because it wouldn't have been one-half as good as it was without them there. They play such an important role in our community and I had really never thought about it before. The guy in our group was a policeman. The kids grew to love him so much. The whole thing was just unreal. Now he comes to the school to rap with the kids about different kinds of problems.

People are really funny. I'm including me in that. I never realized before that I had most kids in one set and really treated them all pretty much the same way.

I guess that since I started teaching, I never took the time to look at kids outside of the classroom - outside of the one relationship I had with them, that of teacher.

The people that ran the training session were really excellent. They gave each other and everyone of us all the help and attention we needed. They would stay up as late as they felt people needed them to. They really knew everything about drugs. Nothing was left out...absolutely nothing.

The director of the state program is a man who is highly respected in our community. He had the total support of our school board, our superintendent, the vice principal and even went to the training session. If this type of experience could be had by everyone, I don't think that we would have half of the problems we do have in our society. If one week of this type of experience can make me, one individual, so much stronger, committed to people with needs different from my own, more open to kids, to my own wife, it should be given top priority...

Community:

...I got to know people as people. The communication skills taught me how to talk, to listen, to hear. We learned to really communicate with each other regardless of age. There were no barriers at the end of the week. You could feel trust. The kids really grew to trust me. They talked with me about all sorts of things. The fact that I was a policeman didn't seem to matter anymore. They just saw me as me.

This experience was the greatest thing that has ever happened to me. I've been a policeman for 15 years and I've gone to every kind of training program I could possibly attend. The police department sends men for all types of training. Well, this program was the best I ever went to. When

I got back, I told our captain that every policeman should go through it.

Another thing I learned was that it is really important to know why a kid violates the law. I used to think that the most important thing was that he did violate the law. Well, if you know why maybe you can help him not need to.

The greatest thing that happened which has changed my life is the name some kids gave me, 'super-chief'. That is really what they call me. They call me that when they see me walking my beat, directing traffic. That has really changed me. Now, I feel that I am the kind of policeman I always wanted to be.

Yes, we learned all about drugs. The people that gave us talks and stuff really know everything. The kids know a lot too, but drugs aren't really a problem. That I learned, too. The whole mess with drugs are really problems of people. If everyone could just give time to help each other out...

This thing should just go on,and on, and on. The world would get better and better because everyone would feel happy, important, and strong like I do now...

Student:

...It was great being on the same level as everyone. No age stuff, no one made you feel like just a kid, a dumb student. I learned it! It really happened! I learned that drugs aren't bad. People who use drugs maybe don't use them right and there's the problem.

I overcame my dnagerous shyness. I was so shy that I hardly opened my mouth the whole first day. I really felt like I didn't want to be there, I wanted to go home. Man, was that stupid.

Now I'm not afraid anymore. I'm not afraid of drugs, of people, of teachers, of kids, of anyone. I'm just not afraid. They got rid of that. I don't know how! It just happened. They taught me and I did it - I came home and made it happen.

I learned to get to know a person before I judge him. I used to call all the policemen 'pigs'. That's how mean I was, but then I didn't know what I know now. I learned to stand up and say what I feel. I learned what happiness really is. I learned how to get insight into people.

I learned all that after I learned how bad it is to be shy like I used to be. It was not only bad for me, but for other people too, because I just kind of sat around and didn't say anything.

One of the teachers from my school went too, and she and I talk a lot about what we learned. We are on the same team and work really close together, but she and I really know each other. It's so great knowing her, having her around...

Student:

...Because of the way they presented the materials, they conditioned us to the ideas they later presented. Everyone wanted to learn. They wanted us to learn. They wanted us to learn that there really wasn't a drug problem; but that everyone's personal problem caused people to be on drugs. They wanted us to learn everyone's opinion about the situation - a wide range of ideas and thoughts about the whole issue.

I learned why everyone is not like me. People who are not like me are really good too. I didn't know that before. My ideas are not always the same as someone else's and that's good. Bringing all these differences together is what can make life really happy and beautiful.

I found myself asking why people act the way they do. I can watch my family talk together and try to figure out what makes them do the things they do. I look at people more as human beings rather than one big machine.

There really should be more training sessions. I have really grown up. I wish all my friends and teachers could go. I find myself thinking more about people and why they do things. I would help everyone with their life - their attitudes. It would keep us from putting everyone in the same bag.

It would really help to get away from the regular school classroom attitude. It would be great to get into a fish bowl - to sit and talk and learn together. You really learn a lot from other people, and that's what I want to do.

I really learned a lot about teachers and now I know that many of them are great people who care about us. Now I can get help from teachers and other students. Now I can help them too. You really need to help each other today. I can learn a lot more because I know that they really want to teach you - to help you...

Student:

...It was great. I have never shared so much with different types of people. I got a renewed interest in communicating with people. I learned that I could do something to influence people. I had more power in helping people within myself. I got a very good feeling in being able to relate to people on a very deep level. The whole thing was really a most rewarding experience.

I am more in touch with myself-less inhibited in communicating one-to-one level.

This program should just continue and continue as many times as possible because it is just the best thing. It is such a more personalized and effective way of teaching - no doubt about it.

> I didn't ever think that teachers feel and care as much as they do. Now I think about their responsibilities, duties, etc., I'm more willing to work with them. I understand them much better...

LEVEL II - COMMUNITY AND SCHOOL DISTRICT TRAINING SESSIONS

Program Description

Trainers: Trainees of State Training Sessions.

Duration of Training: Ranged from five, 3-hour evening sessions per week to a series of 3-hour meetings three nights a week for three weeks.

Participants:

Students	40%
Educators	30%
Community	30%

Selection Criteria:

Individuals from within specific communities who wanted to attend the workshop were invited with the provision that they were committed to attend all of the training sessions and had some intention to do volunteer work in some capacity with drug-related action programs within their community.

Objectives:

1) To expand the Adelphi philosophy.
2) To share factual information on the legal, physiological, psychological, and pharma-

cological aspects of the drug issue.

3) To make participants aware of the need for improved communication skills and a greater understanding of the professional roles represented by participants.
4) To establish lines of communication between teachers, students, school administrators, parents, and other community people.
5) To become aware of the need for all individuals to be a part of the solution to the drug dilemma.
6) To develop in the participants an open-ended individual commitment to do something as a member of a team upon returning to their community.
7) To allow the participants to view themselves as a unique integral component of a team.
8) To bring about a team commitment to a particular task upon returning to local communities.

Methods Used:

1) Lectures
2) Group dynamic techniques
3) Organizational development techniques
4) Resource materials

Resource Personnel:

Resource persons were identified in the community and local school district. These included consultants from multidisciplinary fields who served as lecturers in their fields of specialty. In addition, resource persons were identified in the form of interested community professionals, nonprofessionals, and parents who were willing to commit themselves to particular tasks in order to be a part of a solution to a problem.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN OBTAINING OBJECTIVES

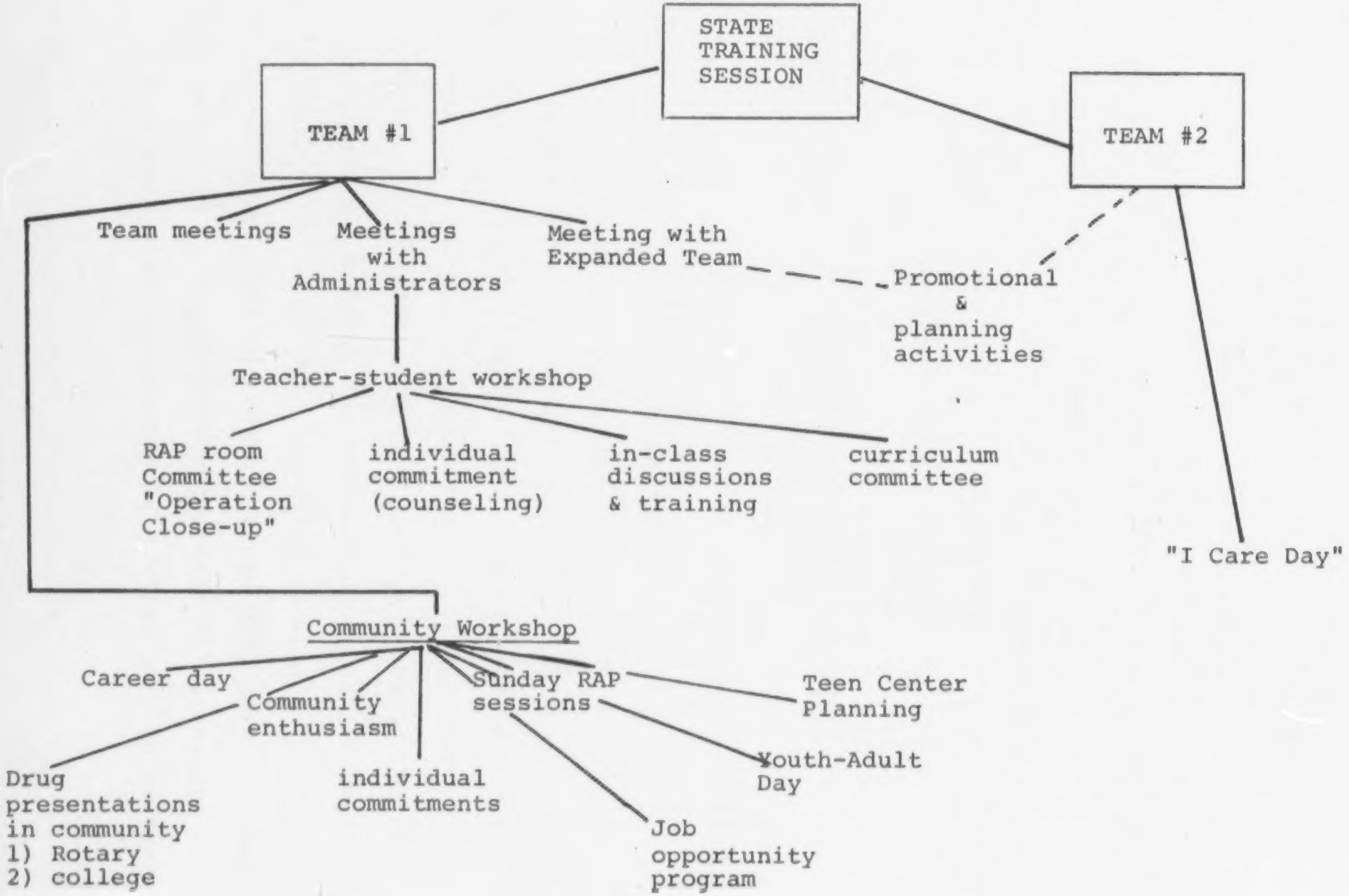
Subjects Interviewed (See table, p. 165)

The following design was one drawn up by members of a local team that were trained together at the state training session. All of the listed activities were directed by the trainers and trainees of a local community.

When team II, trained also at the state training session, returned to the local community, it was decided that this team would maintain its autonomy by directing activities that were different from those being directed by team I. Each team would support the other when needed, but the importance of team autonomy appeared to be a very real concern of team members interviewed on each team.

A CASE STUDY OF A LOCAL DRUG EDUCATION TEAM PROGRAM

(LEVEL II)


STATE TRAINING SESSION
TEAM #1
TEAM #2
Team meetings
Meetings with Administrators
Meeting with Expanded Team
Promotional & planning activities
"I Care Day"
Teacher-student workshop
RAP room Committee "Operation Close-up"
individual commitment (counseling)
in-class discussions & training
curriculum committee
Community Workshop
Career day
Community enthusiasm
Drug presentations in community 1) Rotary 2) college
individual commitments
Sunday RAP sessions
Teen Center Planning
Youth-Adult Day
Job opportunity program

Again, it must be stressed that activities directed by each local team on Level II varies somehwat from the objectives and activities of the other teams in different communities.

> School Administrator:
>
> ...The state session provided our team with a model to use for training on the local level. Each team member had a defined role and responsibilities in the over-all fifteen hour training session. We did our best to provide the trainees with as many varied learning experiences as we had had at the state session. Of course, this was an impossible task due to time constraints that we had to face.
>
> I feel that we were most successful in achieving our purposes when you consider the constraints we were working with. The feedback evaluation by our trainees provided us with much of the positive effect they experienced as well as with further information on how we could improve the program the next time we presented it.
>
> Many of our trainees are involved in diverse activities which have been outgrowths of the community training session. Some of these activities include: rap sessions, learning sessions, meetings with other community organizations, counselling groups, etc.,
>
> I feel that this program has had a great impact on our community. Its effect can be felt within the school setting as well as within the community as a whole. It would be most helpful if we could get more support from the State Department of Education. However, when you consider all of the teams within the state, it is difficult to understand just how a staff of two people can keep in such close contact with so many individuals.

During all my years in the field of education, I have never been as intricately involved in a program that has had as much impact on the local level, on teachers, students, community professionals and other educational support personnel.

It's been a fantastic experience... truly affecting hundreds of individuals...

Guidance Counselor:

...The success of this program can be seen through the activities that have taken place since the first community training session. Our trainees were truly made aware of the drug dilemma, its potential and actual effects on individuals, youth as well adults, and their individual roles within or outside of their professional capacities.

I have never experienced being such a pivotal figure in any community project and I must say, I have never seen our community react so acceptingly to any educational program or project that has ever taken place. Of course, I've never been exposed to such an effective project myself. I can't believe how kids, teachers, parents, all get in so heavily, become so committed, exhibit so much concern, and share so much energy.

The one pitfall I see in our community is the lack of time we are able to give to each other. We have stimulated so many good ideas people want to implement, more than we seem to be able to find the time to do. We are doing an awful lot, but there is so much more to be done. If we could only really turn on the whole community - everyone...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 165)

Teacher:

...The drug problem is much more encompassing than I had ever realized. The inability of teachers and adults to communicate with youth, especially youth with problems, is much more serious than I realized before. I am now beginning to understand what the youth are trying to say, to have us hear, to do. It seems unbelievable that for all these years I have never really thought so much about this.

The drug problem is a serious one, but now I'm aware that there are many other problems in our lives, and sometimes it is these individual problems that cause the drug problem...

Teacher:

...I learned to be a bit more tolerant of people. I became more aware of other people. I always knew that other people were important, but I don't think I knew how important or maybe I didn't think that they were as important as me. That is a real difficult thing for me to admit.

I also learned a lot about drugs, factual information about drugs like medical complications, peer group pressure, society itself......

Communication is so important. In our society, we really don't give the whole idea of communication enough attention.

Every teacher should have to go through this type of training. Not only teachers, but students, parents - everyone...

Community (parent):

...I have six children and this training really helped me see my older children, especially my teenagers, in a different way. My kids' friends often come over to talk in our kitchen and stuff, but I never really took the time to sit and listen to them.

This program really helped me understand them better, the stages they may be going through, the problems they are facing, the things they are thinking about, and some of the ways I can help them. It was just so great listening to how honest these kids are, how much they are willing to share, how they gave, and that they really do want our help.

I think that a lot of kids' problems boil down to the lack of love. A lot of the kids that have serious problems, don't feel that they are loved, don't feel that they can go to anyone to share their problems with.

I heard one of the students say that parents don't show love to anyone but little children - not to each other or young adult children. They just show really physical and emotional love to children, babies. This is unbelievable - but you know, it might be true.

This type of learning is so important, so necessary. Everyone needs it...maybe they don't know it, but they do...

Community (nurse):

...I sat down and really talked with kids for the first time. I learned that only people can solve the drug dilemma. I learned facts about drugs, but more important than any of that, I learned about me.

There are a lot of things people told me about myself that I didn't know before - good things and things that weren't so good. I had a chance to hear and to talk.

Every community in the county should go through something like this. We should take time out to think about ourselves, our friends, our children. We never seem to think enough about what others need.

We need many training centers. We should have enough for everyone to go to. We need it...

Community (parent):

...I learned so much about the problems the kids have today. I learned how serious the drug problem is in some communities. I learned many facts about drugs and how many drugs there are. I learned how to relate to other people. We need to work here together in order to prevent the drug problem from becoming more serious. It's now that we have to start preventing it from becoming real serious.

I also learned how to relate to my own children better. Now I want to understand them better. To tell you the truth, I didn't think I could really understand them because I didn't think they wanted me to. Now I know I need to help them grow and I learned that kids want help in growing...

Community Professional:

...I learned not only to listen, but to hear what the young people were saying. I learned that I used to generalize too much. Long hair meant drug abuse, and hippie meant drugs to me. I am learning differently now. I feel that I have become more broad-minded. I don't stereotype so much now.

Through the training, I developed a personal one-to-one situation with people I didn't know. I sort of learned that I wasn't very trusting. I trust the young people more than they trust me. It still baffles me. I really can't understand why.

I think there should be a little more continuity from one session to another. We wanted to get more out of it. Because of the length of time, we couldn't go as deeply as we would have liked. There was little lack of communication in terms of what was going to happen next. We just did not have it together as far as the next group was concerned.

I learned how the people came in contact with drugs. Each user of drugs has different reasons. There is no set form or pattern. This is why it is so hard to treat the problem. The young people know this so that when there is a drug education program in the schools, they sometimes know more than the educators. That is why teachers, students, and parents should all learn together...

Teacher:

...In every way it was a valuable experience. I learned everything I wanted to know about drugs. I already knew a lot. I've been working in this area for a great while. But, I also learned a lot about psychology, sociology, and people.

I learned that drug abuse is a people problem. The training helped us to relate to and to understand each other better. We need more time for organization.

Too much money would ruin the program; but we do need some. We could go to help other communities, and they could help us...

Student:

It helped me to know a lot more about people. I learned how to relate to people on all age levels. It informed me about what different people think. The training combined knowledge of people, and understanding, with the communication of facts.

We need to help people learn from each other. Right now I'm thinking. I've accepted the experience, and now I have to think about what I can do best to help out others, my own family, my friends - everyone who needs me...

Student:

...We talked together, shared our feelings, and worked together. We have become friends. There are many people we can learn to like, to love, if we get to know them, their problems, their needs and it's important to share ours with them.

I learned that other people care about me. I have a place to go. They are providing me with an alternative to using drugs. It keeps me off the streets. I learned to be turned on by other people. It was worth my walking five miles to come - to get help and to help others.

A man once told me that I had a very negative attitude. The next night I told him that he wasn't really right, but that I did understand his point. I've learned that I have to make an effort to be accepted if I want to help others like I feel I need help.

I used to stay by myself a lot. I'm getting to know a lot of different types of people. I have a wider range of friends. I'm now attracted to people who are different, because I can learn from them.

I don't know why we would want any support, except community support. We are politically involved locally, but money would ruin the program. All we really need is more time and more people. Then we would have more love everywhere...

Student:

...I loved it. It was the first time I ever had a learning experience with teachers. I thought the teachers were going to hold themselves in - withdraw - they didn't do this. They always shared what they wanted to say. I won't think of them all as being the way I did before. I think I'll just be a more open person.

Everybody that participated had a great learning experience. We really want another one and then those people will want another one. Man, this was really a high! ...

LEVEL III - LOCAL COMMUNITY TRAINING SESSIONS

Subjects Interviewed

Trainers: Trainees of community and school district training sessions.

Duration of Training: Two to three sessions weekly over a period of two to four weeks.

Participants:

Students	40%
Educators	20%
Community people	40%

Selection Criteria:

All interested individuals in the community.

Objectives:

1) To give the participants information about drugs.
2) To teach the participants that the drug problem is really a people problem and an individual's problem with drugs.
3) To help the participants to relate to, and understand each other better.
4) To help the participants set up alternatives to drug abuse within the community.

Methods Used:

1) Lectures
2) Rap sessions
3) Community meetings

Resource Personnel:

The community identified resource persons from among interested and committed community professionals and nonprofessionals. Those with special expertise were able to lecture in their areas of expertise. Other individuals interested and committed were able to help in the planning within the community for various ways to involve larger numbers of people. They also planned for activities which could bring about increased communication between adults and students, as well as to plan for alternatives to drug use in the community.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN OBTAINING OBJECTIVES

Subjects Interviewed (See table, p. 165)

Training is an on-going activity, but the success seems to be assured through the evidence of local community support for the program and its activities.

Student:

> ...After going to the meetings or workshop every night for two weeks, we started on special committees to get other people involved. I am on the Drop-In Center Committee and I am our team leader. Most of the people in my group went to the same workshop at night, but others didn't. We are teaching the others the same things we learned and also planning the Drop-In Center.

We are doing what we are supposed to be doing and we all really enjoy it. It's really a hard thing to get a drop-in center started and the adults on my committee know more about how to get it going than I do, but we are all working together...

Community (parent):

...I am working as a group discussion leader for kids who have problems with alcohol. They come over to my house every Sunday for meetings, and some other adults with similar problems come too. I still meet with the team once during the week to let them know how my group is going and I hear about how their groups are going.

I don't know how we never did this before. It was always that I wanted to help out kids, but I guess I just didn't know how. I wouldn't give this up for anything.

If every community could have the spirit we have, the support we have been to each other! Young, old, middle-aged, everyone.

God, I guess, is really alive around here in every single person. It's like a miracle. Things have really changed since this whole thing started about four months ago...

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 165)

Community (parent):

...At first I was a bit confused, then half way through I was fascinated by how it was working. It had been so tremendous.

I've learned that there is a greater problem than I ever anticipated. The whole problem stems from lack of communication. I never realized the extent of the problem.

I've already had four people tell me about all the drugs. The lack of communication seems to bother them most. Kids also want good family relations.

I learned a lot through the discussions with the youth. Reading and TV isn't enough. You have to hear it firsthand with the young.

If you can save even a few young people it is worth it because they are the future of the country. To change their attitudes will make them better citizens, parents... will change others too. Something really has to be done, and I can't imagine anything better than the way they have started this program. To solve any problem you have to communicate. After participating I can see this is the only way to approach or solve the problem.

This is important just because of the fact that it involves all the young people across the country. Who are more important to the taxpayers and the parents than their children?

I certainly think that this is much better than most other government programs...

Student:

...They woke me up to the fact that there was a drug problem here. They taught how the different categories of people use drugs - all for different reasons - parents, kids. We learned how the parents feel about the way we feel.

I learned about drugs. I found out that some of the kids have different views about things than I do. I also learned how much I trust people. I expected to have people talk to me rather than me talk to them.

It's helping people to know each other. It's helping the drug problem. It's helping me and it's even helping my parents. My dad thinks that I can talk better than I used to. I don't know if he is right or not, but I do know I feel better with people.

I wouldn't miss our team meetings for anything...

MAINE

THE FLOW OF PURPOSES AMONG LEVELS

LEVEL I	LEVEL II	LEVEL III
1) To expand the Adelphi University philosophy of drug education.	1) To expand the Adelphi philosophy.	
2) To give the participants up-to-date factual information on drug use and abuse.	2) To share factual information on the legal, physiological, psychological, and pharmacological aspects of the drug issue.	To give the participants information about drugs
3) To instruct the participants in program development, community-school action programs, alternate strategies to implement program designs, and to function effectively as a team.	6) To develop in the participants an open-ended individual commitment to do something as a member of a team upon returning to their community. 7) To allow the participants to view themselves as a unique intregal component of a team.	4) To help the participants set up alternatives to drug abuse within the community.

MAINE

THE FLOW OF PURPOSES AMONG LEVELS (con't.)

LEVEL I	LEVEL II	LEVEL III
4) To give the participants the necessary skills to be able to identify resources in their communities.	4) To establish lines of communication between teachers, students, school administrators, parents, and other community people.	3) To help the participants to relate to, and understand each other better.
5) To enable the participants to develop the following skills: problem sensing, problem solving, utilization of group dynamic techniques, implementation of organizational development techniques for the purpose of putting into operation community program designs.	8) To bring about a team commitment to a particular task upon returning to local communities.	
6) To allow the participants to become aware of their own humanistic needs, as well as those of others.	3) To make participants aware of the need for improved communication skills and a greater understanding	

MAINE

THE FLOW OF PURPOSES AMONG LEVELS (con't.)

LEVEL I	LEVEL II	LEVEL III
	of the professional roles represented by participants.	
7) To expose the participants to innovative classroom teaching techniques.		
8) To develop skills in specific methodology for screening and evaluating drug materials.		
	5) To become aware of the need for all individuals to be a part of the solution to the drug dilemma.	2) To teach the participants that the drug problem is really a people problem and an individual's problem with drugs.

OBSERVATIONS OF INTERVIEWER

In Maine's drug education program, the balance of content and process, or drug education information and its effect on individuals and groups in our society was a stated objective. Another objective was to stress what individuals and groups can do about the drug problem. Both of these objectives were observed to have been effectively implemented at all levels.

Every community visited and every individual interviewed responded to the items on the questionnaire relating to "What have you done?" and "What are you planning on doing?" No one was stymied by these questions because projects were on-going and new ones were in the planning stages on every level imaginable.

The greatest strengths of the program that I observed were the training the participants had in the areas of group process techniques and in organizational development skills. Three consultants specializing in these areas were hired as staff for the entire 7-day live-in state level workshops. In meeting with two of these individuals, I learned that they had also served as trainers at the Adelphi University National Training Center. Consequently, they not only were committed to the process as well as the philosophy, but they also had an in-depth understanding of the content.

A quality that stood out so clearly in meeting with those individuals involved in the state program was that not only was the responsibility of implementing the state drug education program shared by all levels of people, but so too was the status involved in the success they achieved through their joint efforts. No one seemed to be excluded and everyone interviewed seemed to have a direction and a joint plan for action. I attribute this to the use of the group process techniques prior to the exposure and design of organizational development skills. Each team worked on a design, which was tested, presented, and studied. Then, and only then, was the attempt made to implement it.

In communities where two teams had been trained (e.g., Houlton, Maine) at different times, the team concept remained intact, i.e., each team performed a separate function, maintained its autonomy, and functioned as an individual unit. This preservation of autonomy in no way hindered their cooperative efforts.

I feel that the director and his staff allowed for planning time as well. The training sessions were spaced so that enough time was allowed for feedback, flexibility in design for the next program, as well as for support and personal contact with the teams that had been trained at the previous session. No team felt like an island, but like a part of a family, a limb of a tree. Each time new teams were turned out to the field, they received support from other teams and arranged planning meetings with them.

Tasks seemed to be assumed rather than assigned and responsibility seemed to be accepted rather than delegated.

Follow-up sessions were also designed by the state team. State team members visited communities to work with them rather than merely check up on them.

THE MULTIPLIER PROCESS IN THE STATE OF NEW HAMPSHIRE

Dates of Interview Visits:
April 5, 6, 7, 8, 12, 1971

DESCRIPTION OF NEW HAMPSHIRE PROGRAM DESIGN MAP

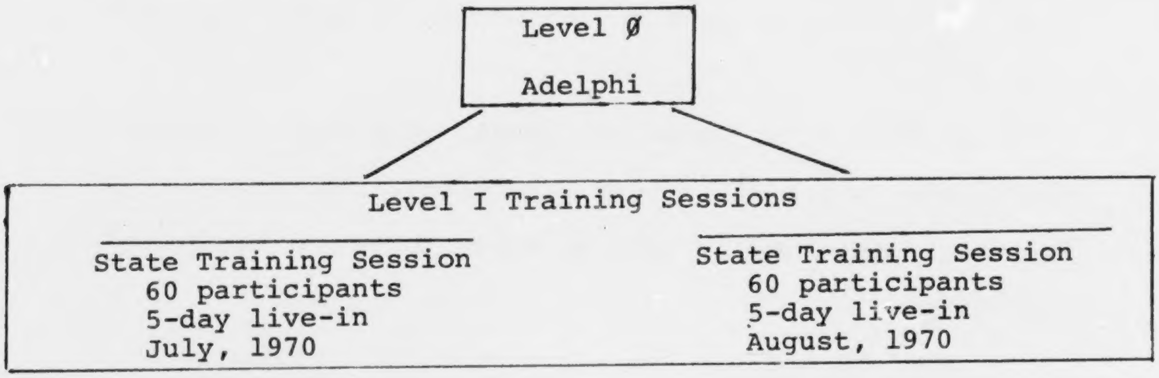
From this Program Design Map we can see that a group of individuals were sent to the Adelphi National Training Center. Upon their return to the state of New Hampshire, this state team designed and directed the two state training sessions.

Shortly after these two Level I training sessions took place, a new state team was formed. At this time new training objectives as well as a new format of training was implemented.

Level II training sessions were then conducted by the newly formed state team along with the director of the state program who was not hired until after the initial state training session was completed. The Level II workshops were designed to train teachers, students, and community people separately.

NEW HAMPSHIRE

PROGRAM DESIGN MAP

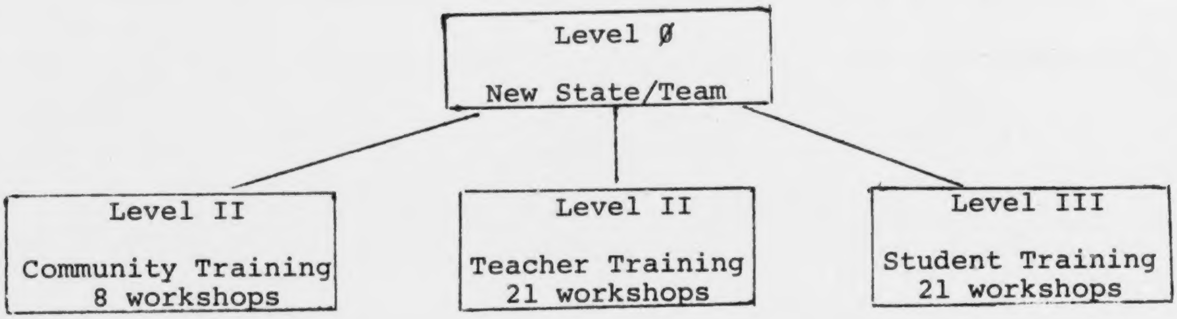


Level 0
Adelphi

Level I Training Sessions

State Training Session
60 participants
5-day live-in
July, 1970

State Training Session
60 participants
5-day live-in
August, 1970



Level 0
New State/Team

Level II
Community Training
8 workshops

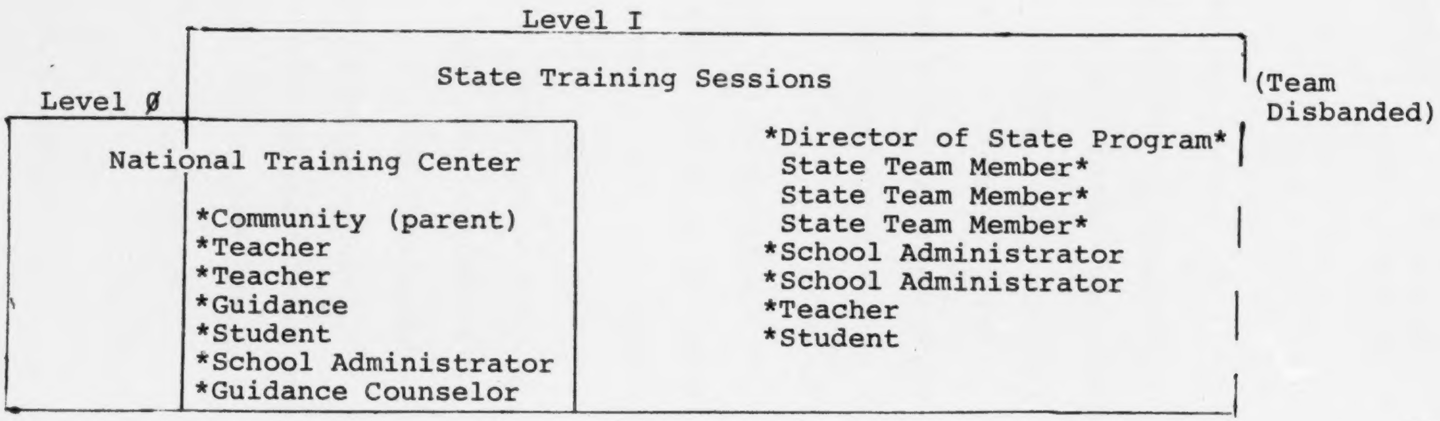
Level II
Teacher Training
21 workshops

Level III
Student Training
21 workshops

RELATIONSHIPS OF SUBJECTS INTERVIEWED
NEW HAMPSHIRE

*Before title indicates subject served
as trainee on that level

*After title indicates subject served
as trainer for next level



Level 0

National Training Center

*Community (parent)
*Teacher
*Teacher
*Guidance
*Student
*School Administrator
*Guidance Counselor

Level I

State Training Sessions

Director of State Program
State Team Member*
State Team Member*
State Team Member*
*School Administrator
*School Administrator
*Teacher
*Student

(Team
Disbanded)

PROGRAM PREPARATION

The State Department of Education selected five (5) individuals to attend the Adelphi University Drug Education Training Center. This initial training is referred to as Level 0 within the State of New Hampshire. Upon completion of the institute the team of 5 individuals returned to the Department of Health and Physical Education to plan two, 5 day live-in training sessions to be held in the August of 1970.

A director for the State Drug Education Program was hired after the first 5 day live-in training session was completed. The director attended the second 5 day live-in training session. He found that the defined objectives, process of training, methods utilized, and over-all philosophy of the team's approach to Drug Education was incompatible with his own.

Due to extenuating circumstances, four of the five original team members trained at Adelphi University did not continue their involvement in the State Drug Education Program.

Subsequently, a new state level team was established.

LEVEL I - STATE TRAINING SESSION

Program Description

Trainers: State Team trained at National Training Center

Duration of Training: 5-day, live-in session;
July, August 1970

Participants:

Students	20%
Teachers	40%
School administrators	30%
Community professionals and non-professionals (parents)	10%

Selection Criteria:

The state team from the State Department of Education requested by letter that superintendents of local school districts select potential trainees from their districts. They recommended that students, teachers, other educational personnel, and community people be invited to participate in the 5-day live-in institute.

Team members did feel that the superintendents did not receive sufficient information to be able to identify the most resourceful people within the local district. Many individuals were taking their summer vacations during July and August and consequently, could not be contacted.

Objectives:

1) To disseminate factual information about drugs,
2) To initiate change within the schools and existing social service institutions,
3) To change attitudes,
4) To allow the democratic process to come back into the schools,

5) To allow people to experience each other as individuals rather than merely representatives of a role.

Methods Used:

1) Informal presentations
2) Lectures
3) Small group interaction
4) Films
5) Resource literature
6) Panel discussions

Resource Personnel:

Consultants in the areas of pharmacology, the law, the State Police Department, a political activist, and a transcendentalist presented lectures in the areas of their competency. Each related his own discipline to the drug dilemma.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 201)

A state team member felt that the team was relatively successful in achieving its overall objectives. He felt that the team did not receive the support it needed from the State Department. When reflection on these two initial training sessions, he thought that not enough time was spent in designing the program format, that the participants were not properly selected, that enough capable and qualified resource people were not identified. He felt that some of the participants experienced a considerable amount of growth due to the one-to-one interaction they had in small group sessions and in the live-in situation. He considered this type of dialogue to be of paramount importance.

Another team member felt that the team should have had control over individuals who came to participate in or observe just one portion of the overall program. The individuals included a considerable number of state officials from the Department of Education and the Department of Mental Health, members of the police force, school district administrators, as well as public health personnel. One team member thought that the intrusion of these part-time participants was an unnecessary form of harassment.

TRAINEES' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 201)

School Administrator:

> ...I learned a lot of factual information about drugs that I had not been exposed to before this training. This type information is essential to understand some of the reasons why both youth and adults use drugs.

The overall program was not structured enough to fit my needs. I often felt anxious about what was going to happen next. I would have appreciated an outline of the activities to come.

The most beneficial portion of the program was the opportunity to relate to youth and other professionals sharing a concern for the same issue, drug use. I learned much more about why the youth feel the way they do than I ever expected to.

I truly wish that this type of training could be had by all teachers, students, and community people. However, I think that the people running the program had problems among themselves. They weren't organized enough. More time should have been spent in planning...

School Administrator:

...There should have been more parents and community people invited to take part in the training. The teachers and school administrators wasted a lot of time protecting themselves, their expected roles, rather than interactivity with the students. This aspect of personal interaction between adults and youth is essential, along with the learning of factual information, if the drug dilemma is to be looked at objectively. Being defensive helps no one. All it allows for is further polarization.

Ways of organizing community people should have been studied and alternative approaches discussed if people are to return to their local areas to set up similar programs. I don't know if this was an objective of the program. If it was, the team was not successful in developing potential community organizers. If it wasn't an objective, it should have been.

The most effective methods utilized to achieve the objective of making people aware of individual differences were small group discussions. For many people this was their first exposure to interprofessional interaction. This, I feel, was the most advantageous aspect of the entire program...

Student:

This program was the only one that I feel youth will participate in. Students, kids, need to feel like they are a part of what teachers, doctors, other 'important' people are trying to do to them. It's about time the big shots realize that students have a lot of feelings about what others are trying to make them into. I want someone to help me become 'something', 'someone'. I don't want them to tell me how to get there, but I need help in getting there. If we could just work together, that is, if adults could help me by listening to what I think is important, taking that into consideration, and trusting that what I don't know is as important as what they want me to know. Sometimes adults make me feel like I'm stupid for not knowing everything. This experience taught me that some adults will listen to me and help me understand what I need to know to become the person I want to be.

I don't want to be a drug freak. I want to be a person who always knows what he is doing to himself. I want to be sensible in dealing with myself...

Student:

...I thought the program was really good but man, some of the teachers, adults, and staff really made it hard on the students. They wanted to talk most of the time and tell us what they thought about our smoking grass and stuff. If they had been more willing to let us talk about why we may be smoking grass and junk like that, and why other kids do, then maybe they could understand it better and help kids who need help. You can't help anyone who you make feel stupid like.

I just wish all kids could see what those teachers went through. You could really tell it was hard for them to try to listen. I used to think it was mostly the older peoples' fault that kids took drugs - you know, kids want to be cool and stuff. I defend my friends that use drugs. I smoke grass, but man, now I know that some of that stuff can be really dangerous. I guess parents, adults, older people get scared for us because they think we'll get hurt or something. Maybe they are right.

I think the only thing we can do is rap about these things. Just try to help each other. I guess adults used to think I was crazy, and I thought the same about them. I guess we were both wrong.

If there had been smarter kids and adults running the program, I know it would have been better. I don't know why they only had two workshops. There should be much more. I don't know why we can't communicate better. It's really stupid to have so many real good people in this world and hardly anyone really knows each other...

LEVEL II - TEACHER TRAINING, STUDENT TRAINING, COMMUNITY TRAINING

In October of 1970 the state team was composed of a director, one individual trained at Adelphi, and two individuals who were not formally trained in the field of drug education. The team could not agree upon a common philosophy which would include similar objectives, methods of training, and an overall state design for implementation of the state program. The polorization within the team itself was apparent to the team members as well as to those observing their interaction and to those who participated in one-day training presentations.

Program Description

Trainers: State Team and Program Director

Duration of Training: Ranged from 1 - 8 hours per presentation

Participants:

Students
Educators
School administrators
Community professionals and nonprofessionals (parents)

Selection Criteria:

The director stated that the team was available to make presentations to any groups of teachers, students, and community people who requested them. The people were not selected for training; rather, institutions or organizations requested the services of the team.

Objectives:

The director of the state program stated the following objectives:

1) To disseminate factual information about drugs.
2) To bring an awareness of the drug problem in the state to a level of understanding.
3) To bring about a greater understanding of the problem today with youth.

Methods Used:

1) Lectures
2) Films
3) Questions and answers
4) Small group discussions

Resource Personnel:

Pharmacologists were used to helping in the factual information presentations where the community or institution requested this.

TRAINERS' JUDGMENT OF SUCCESS OR FAILURE IN ATTAINING OBJECTIVES

Subjects Interviewed (See table, p. 201)

The director stated that he felt the team was successful in achieving all of the above objectives. However, he believed they were not as successful in achieving the first objective as he had hoped because he was not able to obtain the services of a resource person who was qualified to lecture on the pharmacological aspect of drugs and their effects.

In terms of the two following objectives, the director felt that success or failure was not measurable. Again, emphasis was placed on the fact that the team was unable to arrive at a common approach to the affective aspects of the drug dilemma.

Another team member felt that most of what the team had done was relatively useless. "In reality we are working against each other, not with each other. It's hard to pretend. Kids know we are not together. It is so obvious that we fight each other. I think someone should come from the outside and help us get it together."

A third team member just looked at the team's role as "keeping peace." "We try hard to please each other when we make presentations but pressure is coming from somewhere outside. I really have no idea how we can ever really work it out. Maybe we should all leave and someone can hire another staff. That is almost the only humane thing to do. In a way its really kind of a farce."

TRAINEES' PERCEPTION OF THE EFFECT OF THE TRAINING

Subjects Interviewed (See table, p. 201)

Guidance Counselor:

> ...In February 1970, I contacted the State Department of Education to come to our school to speak to the teachers, principal, school nurses and a policeman from our community. I heard of the services they provided through the New Hampshire Personnel and Guidance Association.

It was my hope that through the dissemination of factual information our educational staff would have a common basis from which to work to try help kids. It would have been helpful if we had been exposed to alternative approaches to teaching about drugs in the classroom but unfortunately this was not an outcome of the program the state team presented.

I have been working with a group of students who have used drugs. I asked the state director if these students could be part of the presentation. Fortunately they agreed to talk with the teachers and about one-third of the teachers reported to me that they felt this was the most beneficial portion of the program.

I feel that if more dialogue and discussion between youth and adults could take place in these types of presentations, the outcome would be much better. I have heard that in some communities this approach has been used and is relatively successful. Of course, our State Department of Education is most conservative and I don't know if the director would allow this to happen.

In graduate courses I have taken and in my own personal experiences, there are methods and techniques I have used that work much better than what this team does. For example, role playing, sociodrama, structured dialogue...and many other things that work. Why can't they use this approach? The director seemed so bent on just lectures and factual information.

You know, we are known to be a conservative state. Maybe that is why the problem is getting so out of hand. I guess the best thing to do is to let each school and community do the best they can without any outside help. I really don't know if that is the answer...

Teacher:

...A few months ago a group of people came from the state department to put on a drug workshop for the students and interested teachers. Just two teachers went, which I think was just awful. They should have all been there. The program lasted about two hours and for me and the other teacher who went it was a very good experience.

The people from the state department gave a lecture about the law, the physiological effects of drugs and they talked about society as well. The students could ask any questions they had and this was great. Usually at these types of things students can't ask questions.

We also discussed a film that was shown. The film was all factual information and this was good, in a sense, if you didn't know anything about drugs. But the best thing about the movies was that the students could discuss with each other (and the two teachers) why they didn't like the film. It was the first time in this kind of presentation that I have seen that students have had any opportunity to react.

This was a beginning of some kind of drug education we haven't done anymore since this presentation for the teachers. I feel that just telling students about drugs is not enough. The teachers and parents need to know much more in order to be able to help the students. Some people say we don't have a drug problem here. - Well, I don't know if we have a serious problem in comparison to other places, but I do know a lot of kids who are using drugs and who might really get hurt because of it...

Teacher:

...A few months ago a group of people (4) came from the State Department of Education to present a workshop for teachers. I guess there were about forty teachers who participated. Lectures were presented by each member of the group on the physiological and legal aspects of drugs. A lecture was also given on the youth culture. The whole program lasted about four hours.

We broke up into groups to discuss different topics and those discussions really got heavy. You could see that teachers are very different from each other in their willingness to discuss such issues and in their attitudes toward drugs.

The people from the State Department kept saying that we should try to look at the problem or issue from an educational point of view rather than an emotional point of view. This was very difficult and we never really reached the point where we could be objective. You see, some teachers feel that anyone using drugs should be turned over to the police and put out of school. Other teachers would say, then we would be out of a job because so many kids use drugs.

I think that this would have been a greater program if we had students and parents there with the teachers. After participating in this program and then participating in the one for the students and also the one for the parents, I realized that they should have been mixed together. The same things discussed and felt by the teachers were also expressed by both the students and the parents.

Some people feel that all these groups are very far apart and too different to get together. Well, I don't feel this way because the differences in attitudes and opinions in one group exist in the other groups as well.

Just talking about it now helps me see it more clearly. If we could all work together I bet the problem wouldn't be so bad - You know, it's not only drugs that have to be discussed. Now, when I think about it I see that it's maybe not just the fact that kids use drugs but how their using drugs affects people who don't know why they do it. - I wish we could just find time to sit down and talk about this. I think it would be helpful to everyone.

Do you think that someone in power could suggest this? I guess the major problem is that no one has time to discuss the real problems of the schools. I just do my own thing in the best way I know how for my students. In my social studies classes we take time and we need even more time. I think kids are really important and their problems must be given attention. It's too bad people in power can't see this and try to schedule time in for each other...

Student:

...The whole thing was a farce. I smoke grass. I've dropped acid... I know that half the things they said about just these two drugs are lies. Maybe not lies because we don't really know the effects of these drugs after a long period of time. But man, they showed us that movie and then told us all about the law and the effects of drugs on the body. All they tried to do was scare us into not using drugs. It didn't do anything to me or my buddies.

Like I don't want anyone to get hurt by drugs and that can happen real bad. Drugs can really freak you out but those cats are screwed up already. Like I smoke once a week about and I dropped acid twice last summer. Man, I don't want to do that now because I really had a bummer and the acid around here is bad - O.K. that's what young kids have to know. Like if they're going to do stuff anyway, teach them how not to get wrecked.....

I don't know why those cats that came here to speak did it anyway. Like a few of the guys were really together. Like the one that rapped about the youth culture. I could dig him. But one guy was really an idiot. Maybe he knows about other things but he doesn't know anything about the drugs I've used or about my friends.

It really kills me to hear dudes like him trying to tell me what I'm all about. I bet that guy never even talked to anyone like me before in his life. I bet he just reads books about people like me. Then he thinks he can tell the whole world how screwed up people like me are. Man, it really makes me sick...

Community (parent):

...It was a great thing to give parents a chance to learn about drugs. I've read a lot about marijuana and other drugs and I have no idea why children would ever think to smoke it.

The movie and the two lectures were really very good. One man told us all about the law and how much trouble the kids can get into. I told the principal that he should speak to all the students in the high school because, if they knew how much trouble they could get into with the police, I don't think they would use drugs.

Most of the people who went to the lecture were parents. There were about three teachers and maybe ten students in the whole group. If more teachers had been there, then they could tell all the students about how bad drugs are in their classes.

A big problem we have in this high school is that there are too many young teachers. These teachers just don't know how to keep kids in their place. They are just too friendly with the kids. The principal is really very nice and he tries hare to help the kids but I think he is too young too.

My children, thank God, are o.k. so far but that is because my husband and I are very strict with them. Both my husband and I came to the lecture and the next evening my husband and I told our children all about the law and the police. We really scared them and told them how bad it is and all. If every parent would do this, maybe we wouldn't have so many problems. Kids have to be forced not to do things that will hurt them.

As I said before, if all the students and teachers could hear what we heard at the lecture I think it would really help...

Guidance Counselor:

...I wouldn't call the meeting I attended a training session. All that occurred was that a man from the State Department of Education told us (about 50 educators) that if we wanted to have a group of people come to our schools to speak about drugs to either students, faculty, or community, this service would be provided for us. He merely told us what this team had done in other communities.

It was not a learning experience for me. In fact, the presentation made us more frustrated because it was just another approach to the entire drug issue that has not been effective. If I were going to expose my students to anything, it would be to a lecture, a film, or any other form of a didactic presentation. That method doesn't work. I know that much, which is apparently more than the team from the State Department of Education knows...

NEW HAMPSHIRE

THE FLOW OF PURPOSES AMONG LEVELS

Level I	Level II	Level III
1) To disseminate factual information about drugs.	2) To disseminate factual information about drugs.	
2) To initiate change within the schools and existing social service institutions.		
3) To change attitudes		
4) To allow the democratic process to come back into the schools.		
5) To allow people to experience each other as individuals rather than merely representatives of a role.	3) To bring about a greater understanding of the problem today with youth.	
	2) To bring an awareness of the drug problem in the state to a level of understanding.	

OBSERVATIONS OF INTERVIEWER

As was stated in the Program Preparation Section of Level 0 and Level I, it is obvious that the State of New Hampshire's drug program experienced many internal conflicts among team members themselves. In fact, there was no team, that is, if we consider a team to be a group of people functioning together to work toward the accomplishment of a specific goal.

This undoubtedly affected the design implementation and the reporting of data in terms of what did in fact happen within the state. There was a great discrepancy between the data reported to the contractor and the data gathered during the one-to-one interviews. There was not only great dichotomy in terms of overall objectives, but also in the area of methods used, materials provided, and duration of training and cross section of participants. Apparently the individual reporting the date knew what he wanted to do or what he would have been doing (had he been able to) and reported this, rather than what the group did, in fact, do when they presented the drug education program.

It is recommended that the state of New Hampshire totally redesign its drug education program, send a team to a state training program which has proven itself to be effective, and work more closely with the monitor of the program. In addition, the state should hire consultants in the areas of group process techniques and community organizational development skills if the newly hired team members do not already have expertise in these skills.

The director and the other team members were certainly sincere and willing to make the state program a successful one, but obviously this goal was not realized as of May, 1971.

TENTATIVE CONCLUSIONS

This report has attempted to utilize the perceptions of trainers and trainees to present a perspective on a process of transmitting information, attitudes, and skills from level to level in a state. The major portion of the report is a record of how the individuals interviewed felt about what happened to them and what they did as a result of their training. In this chapter we attempt to draw together some of the thoughts of the participants and the observations of the interviewer, in order to seek out ideas which may be generalizable, or at least worthy of further study.

The major purpose of the 1970-71 National Drug Education Training Program was the dissemination of accurate, objective information about drugs. This was the main reason why a multiplier form of dissemination was employed, that is, to get maximum spread for minimum input at the top. Moreover, the program's purpose was to disseminate information which would affect decision-making , specifically, to disseminate it in such a way that it would broaden the base of affective as well as cognitive information upon which the individual would make more realistic decisions in terms of his own behavior in drug-related issues. This could be his own drug behavior, in the case of a student, or his response to people that are affected by, or using drugs, in the case of a teacher or other adult.

In "tracking" the flow of information however, as was done in this study, it becomes apparent that the information is inseparable from the people who pass it on. What is being transmitted is not information alone, but information "coated" with feelings, with understanding, with trust and openness that makes it relevant and capable of being accepted. The application of this "coating", or the provision of information within this human context, was more successful in some states than others. There were several conditions which it is felt contributed to this success.

1. The Use of Coordinated Efforts - A Team Approach

This appeared to be the one consistently significant factor which could be linked to perceptions of success or effectiveness. If all the dimensions of the problem were to be dealt with within available resources then the human energies which were potentially available had to be maximized.

The California program is illustrative of one in which the team concept was utilized at all levels of training.

In Colorado, interviews with the coordinator, other team members, and individuals within the state brought out the fact that there was a variety of opinion concerning the team concept. Some persons trained together were actually functioning as teams. Others felt that, though they had been trained as a team, they were not functioning as a cohesive unit. In some instances, trained individuals were simply "doing their own thing."

In New Hampshire, Georgia and Florida it was generally believed that a team approach was being used. However, although the word team was heard frequently, there was no identifiable instance where a group who had been trained together as a team was actually functioning as a team upon return to the local community. However, in Maine, California, Delaware, and parts of Colorado, persons interviewed did, in fact, state that they were part of a team and as a team member had certain responsibilities and tasks which they accepted and were willing to be held accountable for. Team members stated similar objectives, as well as similar methodology, in the training sessions their teams had designed and were implementing.

2. Team Building Through the Training Experience

Team motivation, or the desire to operate cooperatively, usually requires that a team of people have jointly experienced similar feelings and shared common goals.

The team building concept must be built into the training experience through the use of organizational development as well as group process techniques. As is indicated in this study, the team approach does not emerge as a result of merely grouping individuals from various professions or from similar geographic areas within a state.

In some cases, the expanded team concept was used. This concept meant that when the team returned to the local community, they would invite other local community people to join them in the design and implementation of the local project. This sharing of status and control with "non-team members" seemed to affect negatively the cohesiveness of the original team. The one-to-one support system seemed to lose some of its original effect.

3. Understanding of Purpose

It seems unnecessary to say that a critical condition of success is that everyone know the purpose of their efforts. Yet, as Charles Silberman pointed out in Crisis in the Classroom ... what is mostly wrong with both the schools and society today is "mindlessness - the failure or refusal to think seriously about educational purpose"...

Some states were able to articulate their overall purposes quite well. This was evidenced in their ability to establish selection criteria for participants. In the states of Maine and California all participants on Level I and II of training were made cognizant of the objectives of the training, i.e., what methods would be used, what they could expect as a participant and what would be expected of them after the training. Colorado also had clearly defined selection criteria on the state level but this did not seem to filter down to the lower levels as it did in California and Maine. This may have been due to the expanded team approach which, as mentioned earlier, was utilized in Colorado on the school district level.

Defined and understandable objectives have additional value for the creation and commitment of teams. The relationships which tie individuals to one another are established in terms of common needs, tasks or purposes. In defining their complementary roles in terms of the same end point, the team members were, in effect, contracting with one another for mutual support. Without this contract, "teams" in several states functioned as individuals. On the other hand, the trainers in the states of Delaware, Maine, Colorado, and California directed attention in the training sessions to the importance of team functioning and allowed the individual team members to discover their responsibility as members of a team.

Apparently, a clear understanding of purpose makes it possible for the teams to "do-their-own-things" in defining the tasks they have to undertake to achieve their goals. This appears to give them a sense of ownership and reinforced commitment.

4. Training in Interpersonal Development - Group Dynamics

Maine and Delaware had one outstanding feature in common which can be seen in the anecdotal data. Both states, besides having sent teams to the Adelphi National Training Center, also put emphasis on the cognitive as well as the affective domain through the utilization of various group dynamic techniques. This was done in order to provide factual information and to strengthen the communication skills of the participants. The utilization of these techniques allowed for an in-depth exploration of the attitudes of each of the participants as well as a clarification of the values which they seemed to feel were important to them. Through this process of getting to know and understand each of the team members, the trainees were able to begin to function as a team.

5. Training in Organizational Development

The task which evolved in each state was not simply one of passing along information or of training the trainers of trainers. Personnel at each level had to be given the skills to develop and implement effective programs.

As it turned out in most of the states visited, the existence of these management skills could not be taken for granted. Help in defining purposes, relating tasks and responsibilities to them, and identifying local resources was called for by individuals in every state including those that were making an attempt to teach these skills, or at least model them in their behavior. People in California, Maine, Colorado and Delaware wanted comprehensive help to learn more about how to organize, how to implement, how to assess needs in their local communities, how to bring this program back to others in their schools and communities. In one way, the expression of this additional need could be seen as a success measure for the programs they had been exposed to. It stands to reason that one is not motivated to expend the energy to design, direct, or implement a program which he himself has not benefited from. The need for these types of organizational skills was most acutely realized after the trainees had been exposed to the type of effective drug education program that they wanted to share with others in an organized fashion.

In the specific instance of the Colorado program these skills, along with group dynamic training, might have helped to re-create relationships when teams expanded to take in new personnel at the local levels.

6. Trial and Error Experiences During Training

With the type of interpersonal and organizational skills being transmitted in this program it appears essential that participants have an opportunity to discover what does not work as well as what does. This should preferably happen during the training so that a broad range of correcting alternatives can be explored. One of the problems related to this which was reported by Florida participants is the lack of adequate time for feedback when training programs are scheduled too close together.

7. Duration of Training

Although there is little in the anecdotal material to support this last condition, the observer expressed a feeling that the use of continuous or concentrated periods of time enhanced the effectiveness of several of the programs. When information can not be dealt with apart from feelings, attitudes and relationships it is especially important for there to be adequate time for individuals to be together. A single 40 hour block of time facilitates this whereas 40 hours over 8 weeks interposes too many interruptions.

Summary

Some causative factors making for success or failure in selected state programs have been identified.

The use of an interdisciplinary training team appears to be an effective way to maximize available state training resources. Team members should be trained together if they are to accept full responsibility for executing team tasks. Further specific team building skills should be taught.

The importance of clear communication from a State officer to local districts about the purposes of a program is evident. Where objectives are established and transmitted to lower levels of administrative responsibility, programs are more likely to succeed.

The explicit training of managment skills appears to be a factor contributing to state program success -- at least in those states where bonefide team training was the mode.

These conclusions are tentative and based on limited data, yet it is hoped they will prove useful to the improvement of state programs and the continuing redesign of the federal program.